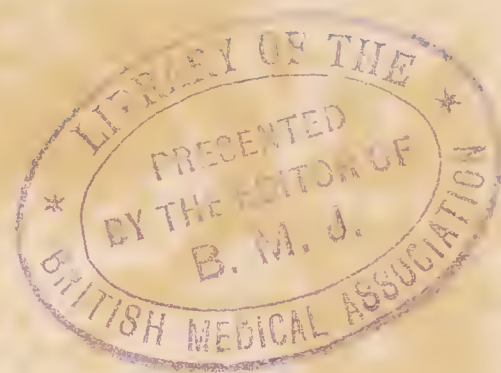




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LUNACY AND MENTAL DEFICIENCY.



THE
NINTH ANNUAL REPORT
OF
THE BOARD OF CONTROL
FOR THE YEAR 1922.

(Presented pursuant to Act of Parliament.)

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THE
NINTH ANNUAL REPORT
OF
THE BOARD OF CONTROL,
1923.
(FOR THE YEAR 1922.)

On the 19th and 20th January 1922 we held a Conference with the Medical Superintendents and Chairmen of the Visiting Committees of County and Borough Mental Hospitals and the Medical Superintendents and Chairmen and Managing Committees of the Registered Mental Hospitals and certain other persons interested in Lunacy Administration, to consider in what directions Lunacy Administration and the treatment of persons suffering from mental diseases might be improved.

The Conference, which was most representatively attended, was opened by an address from Sir Alfred Mond, the then Minister of Health. A full report of the proceedings has been published by H.M. Stationery Office, and has, we know, been widely read and considered. Under these circumstances we do not propose to do more than deal generally with the proceedings.

An agenda paper, printed in full in the report, was prepared and was specially framed on the suggestions of those who were invited to attend. It included as far as possible the various points of interest and difficulty that present themselves in connection with the administration of mental hospitals. The discussion on these points by persons thoroughly conversant with their subjects was helpful and informative.

As regards early treatment (in-patient and out-patient) without certification at Mental Hospitals and General Hospitals, it was unanimously resolved:—

- (1) That proper arrangements should be made for the early treatment of mental cases without certification.

(2) That the approval and supervision of places where such treatment might be given should be in the hands of a Government Department; and

(3) That that Government Department should be the Board of Control.

The Conference was also unanimously in favour of extending the system of Voluntary Boarders to the County and County Borough Mental Hospitals.

Other subjects discussed were the organisation of research and pathological laboratories, the advisability of the inclusion of women members on Visiting Committees, and various matters connected with the Medical staff, the Nursing staff and the patients.

Three Departmental Committees were subsequently set up—one to consider and report on matters relating to the training and qualifications of the Nursing staff—a second to deal with the dietary of patients and its possible improvement—and a third to suggest any improvements which are possible in the keeping of the clinical and other records.

The reports of these Committees will, we hope, be ready for publication at an early date.

We are convinced that the policy of holding from time to time conferences with representatives of Visiting Committees and the Medical Superintendents is a good one. Such conferences afford an opportunity for discussion of many matters of importance and difficulty and are of value in assisting all who are engaged or interested in Lunacy Administration to keep themselves fully informed of the directions in which progress can and ought to be made.

In December, 1921, the Minister of Health appointed a Departmental Committee consisting of Sir Cyril Cobb, K.B.E., M.V.O., M.P., Chairman, Dr. R. Percy Smith, F.R.C.P., and Dr. Bedford Pierce F.R.C.P.,

“to investigate and report on the charges made by Dr. Lomax in his book (*The Experiences of an Asylum Doctor*) and to make recommendations as to any medical or administrative improvement which may be necessary and practicable in respect of the matters referred to by Dr. Lomax without amendment of the existing lunacy laws.”

In August, 1922, the Committee issued their Report. The Report disposes in the main of the allegations which have been made against the administration of public mental hospitals and contains a number of valuable recommendations. The Report is published as a State document and can be obtained from H.M. Stationery Office.

All who are connected with Lunacy Administration are conscious that there are many directions in which improvement is possible, and helpful and informed criticism will always be welcomed.

We had the opportunity of stating to the Committee our views; these have been very fully dealt with by the Committee in the course of their Report and we do not propose to make any further reference to the matter.

As to the allegations relating to the Prestwich Asylum we agree generally with the findings of the Committee set out in paragraph 4 on page 76 of the Report. The Committee practically endorse the report of the enquiry held on our behalf by Dr. Bond and Dr. Rotherham which is set out in Appendix A.

We are using our best endeavours to impress upon the Lancashire Asylums Board the necessity for adopting steps to improve the administration in the direction indicated.

On the general criticisms of Mental Hospitals the Committee received a great deal of evidence and they made recommendations as to various points upon which they considered that improvements are possible. We regret that for reasons of economy the evidence received by the Committee is not published. These recommendations, although very few of them raise new points, should strengthen our hands in pressing for improvements which we have for many years considered advisable. The Report will repay careful study by all concerned with the care and treatment of the insane. We have issued a circular setting out these recommendations seriatim, together with our observations upon them for the consideration of Visiting Committees. A copy of our circular will be found in Appendix B.

Upon the recommendation (i) as to the size of Mental Hospitals we desire to say that this question has been the subject of considerable discussion in the past. In 1894 the Commissioners in Lunacy objected to a proposal made by the London County Council to erect an Asylum for 2,000 patients at Bexley. Their objection was, however, overruled by the then Secretary of State for the Home Department, and the L.C.C. scheme was sanctioned mainly on the ground that if provision had to be made for 2,000 patients it would be less expensive to accommodate them in one Institution than in two. Since this ruling of the Secretary of State many other large institutions have been sanctioned. Many hold the view that a modern asylum properly arranged with small wards and separate villas, and provided with an adequate staff, can suitably accommodate 2,000 patients, and that the care and treatment of the patients can be quite efficient in an Institution of this magnitude. The classification can certainly be superior, particularly in affording opportunity

for the separation of recent and recoverable cases from others. The essential points to secure are proper distribution of the buildings, proper sites for the wards, proper organisation and equipment, and an adequate medical and nursing staff.

There are several matters of general interest on which we think it advisable to make some observations.

The findings of the Committee that the present provision for the care and treatment of the insane is humane and efficient and that the personal care of the individual patient compares favourably with that in any other country is very satisfactory. So too is their finding that there is no justification for suggesting that patients are illegally detained. The Committee gave special attention to Dr. Lomax's allegations as to the improper detention of patients, especially in regard to possible errors in judgment on the part of certifying practitioners; in their opinion the statutory procedure in regard to certification and reception orders provides ample safeguards against mistakes of diagnosis.

The legal formalities necessary before individuals can be deprived of their liberty are very precise and important. Patients suffering from mental disorders are often quite unable to realise the nature of their illness or the need for treatment, and for the vast majority compulsory detention for some period of time will always be necessary. It is our duty to see that the provisions of the law are strictly complied with, and the fact that for many years there have been no successful actions for illegal detention under the Lunacy Acts is sufficient evidence of the care which is given to these matters.

We are well aware that there are many patients legally detained in Institutions for the insane who might, without danger to themselves or the community, be discharged if their friends were able and willing to look after them. In connection with cases of this description suitable arrangements for After-Care are important.

The Committee do not appear to have been much impressed by Dr. Lomax's contention that he is attacking not individuals but the system of Lunacy Administration now in vogue and the principles on which it is based. Under the Lunacy Acts every local authority has to provide and maintain an Asylum or Asylums for the accommodation of the insane. The powers of the local authority are exercised by the County or County Borough Councils as the case may be, consisting of duly elected representatives; every Council appoints a Visiting Committee, manages its own Institutions, appoints its own Officers, and has financial control. In these matters local authorities are under the general supervision of the Board of Control, and for some purposes of the Minister of Health. The conditions which prevail in the various Institutions, numbering nearly 100,

show very considerable diversity. Some of them were built many years ago and are not provided with modern requirements, but the fact remains that some of the oldest Institutions are among the most efficient in the country. The Report shows that the Committee appreciate the fact that the happiness, contentment and well-being of the patients depend more on the personality of the Medical Superintendent, on the interest taken by the members of the Visiting Committee in the Institution, and upon the efficiency of the Medical and Nursing staff than upon any question of mere structure.

The evolution of the modern Mental Hospital and the great improvements that have been effected since 1845 in the arrangements for housing the insane and for their care and treatment have been largely due to the efforts of our predecessors, the Commissioners in Lunacy. Without any financial control or compulsory powers they were able, as the result of their wide experience, to impress their views on local authorities, who were glad to avail themselves of the advice which was always freely given, and to discuss with the Commissioners the numerous points of difficulty that from time to time arose. Since 1913 this policy has been continued by the Board of Control. It should also be remembered that the medical views of what is required have of late years made considerable advance. At the time of the outbreak of the War many local authorities had come to realise that their arrangements for the medical treatment of recent and acute cases of insanity were inadequate, and were considering the advisability of erecting Admission Hospitals, where such cases could be dealt with on modern lines. During the War nothing, of course, could be done. Since peace has been restored, local authorities, in lunacy as in other matters, have experienced to the full the blight of poverty and the necessity of reducing expenditure to absolute essentials. At the same time owing to various reasons the cost of maintenance of rate-aided patients in these Institutions averages nearly three times as much as it did before the War. Under these circumstances we have had to discourage everything except absolutely necessary expenditure. Many of the recommendations of the Committee which would undoubtedly increase the amenities of the patients and would under normal conditions have had our full approval, cannot at present be pressed for. But the War has at any rate served one useful purpose in this connection; for it has forcibly brought home more than ever before the extreme importance of the mental health of the community, and has focussed attention on new methods of treatment of mental disorder. It will be for us to foster and encourage by all means in our power this more healthy outlook on the part of the general public. The Mental Hospital of to-day must not be merely a place of detention, but must be a Hospital in fact as well as in name. The utmost encouragement must be given to pathological research and the use of modern methods

of treatment, while every facility should be afforded to enable Assistant Medical Officers to keep abreast of the best knowledge available.

The report of Sir C. Cobb's Committee is of great value in dealing with general charges of indifference and incompetence such as were made by Dr. Lomax in his book. Such general charges are, we fear, accepted too readily by some persons on very unreliable grounds.

In April, 1922, in consequence of charges which had been made to us and also to Sir Cyril Cobb's Committee by Charles Cox, an ex-Inspector of the Metropolitan Police, relating to the treatment of himself and other patients at Long Grove Mental Hospital at Epsom, one of the Institutions belonging to the London County Council, three of the Commissioners at the request of the Board held a sworn enquiry into Cox's statements, and subsequently reported on the matter to the Board.

The Report is published in Appendix C. It will be observed that as the result of full and careful enquiry, the Commissioners satisfied themselves that Cox's charges were entirely without foundation. The case is one of considerable interest, both medically and psychologically and is a good illustration of the need, as well as of the difficulty, of testing the accuracy of charges made by a person who is not wilfully misrepresenting facts, but whose mentality is such that he profoundly believes the truth of his charges, even though the evidence is overwhelming that they are the outcome of his delusions. The Commissioners express their appreciation of the fair way in which the members of the Medical and Nursing staffs gave their evidence, and appear to have been especially impressed by the testimony which was given by patients and ex-patients who were in the same ward with Cox when the matters of which he complained were alleged to have occurred. All these witnesses denied Cox's allegations, and their replies to him in cross-examination were most illuminating and convincing.

The medical treatment of persons suffering from mental disorders is a progressive science calling for the closest consideration of those possessing the highest qualifications and the most complete knowledge of the problems to be dealt with. There are many directions in which improvement is possible, especially in the way both of prevention and cure. It is of great importance that cases of mental illness should at the earliest stage receive treatment, and we hope that the law may be altered so as to allow of such treatment being given, under proper safeguards, and without the necessity of certification under the Lunacy Acts. Sir Cyril Cobb's Committee points out with truth that improvements and developments must involve increased expenditure, the incurring of which the

community must be prepared to sanction. If the result of the agitation is to arouse in the mind of the public a permanent and not a merely fitful and evanescent interest in the welfare of those suffering from mental disorders, much good may result. It would be of great benefit if those who are really interested would make a point of visiting the Mental Hospitals in their neighbourhood and of seeing at first hand what is being done.

Lunacy.

On the 1st January 1923 the number of notified insane persons under care in England and Wales was 126,279, an increase of 2,565 on that recorded on the 1st January 1922. This increase follows one of 3,370 in 1921 and one of 3,580 in 1920, and may be compared with the average annual increase of 2,251 during the decade immediately preceding the war.

The relative percentage distribution of the sexes—males, 43·8; females, 56·2—shows a further slight reversion towards the proportions which obtained immediately prior to the war, viz., males, 46·2; females, 53·8.

Distribution of Insane Patients.—In the County and Borough Mental Hospitals there was an increase of 2,719 patients (males, 1,228; females, 1,491), as against one of 3,712 in the preceding year. The increase during 1922 represents a percentage of 2·8 of the numbers under care in these institutions at the beginning of 1922. In Broadmoor Criminal Asylum there was an increase of 141, and in ordinary Poor Law Institutions one of 111; but decreases occurred in all other classes of institution and care, the largest being one of 228 in the Metropolitan District Asylums.

The distribution of the cases under care on the 1st January 1923, shows a further increase in the proportion resident in County and Borough Mental Hospitals.

SUMMARY OF INSANE PATIENTS, 1st January 1923.

WHERE MAINTAINED on 1st January 1923.	PRIVATE.			PAUPER.			CRIMINAL.			TOTAL.		
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
In County and Borough Mental Hospitals	5,822	2,678	8,500	38,367	53,096	91,463	95	21	116	44,284	55,795	100,079
In Registered Hospitals - - -	870	1,303	2,173	-	-	-	-	-	-	870	1,303	2,173
In Licensed Houses:—												
Metropolitan - - -	420	792	1,212	-	-	-	-	-	-	420	792	1,212
Provincial - - -	442	952	1,394	-	-	-	-	-	-	442	952	1,394
In Naval and Military Hospitals - -	182	-	182	-	-	-	-	-	-	182	-	182
In Criminal Lunatic Asylum (Broadmoor)	-	-	-	2	-	2	585	194	779	587	194	781
In Poor Law Institutions:—												
Ordinary Poor Law Institutions - -	-	-	-	4,718	6,546	11,264	-	-	-	4,718	6,546	11,264
Metropolitan District Asylums - -	-	-	-	2,355	2,870	5,225	-	-	-	2,355	2,870	5,225
Private Single Patients - - -	127	299	426	-	-	-	-	-	-	127	299	426
Outdoor Paupers - - -	-	-	-	1,281	2,262	3,543	-	-	-	1,281	2,262	3,543
TOTAL - - -	7,863	6,024	13,887	46,723	64,774	111,497	680	215	895	55,266	71,013	126,279

Increase during 1922	Average Annual Decrease in the ten years 1913-1923			Average Annual Increase.		
	Males.	Females.	Total.	Males.	Females.	Total.
{ Private - - -	510†	38	472†	301*	48	253*
{ Pauper - - -	1,806	1,244	3,050	1,179	255	1,434
{ Criminal - - -	7†	6†	13†	22	7	29
{ Total - - -	1,289	1,276	2,565	900	310	1,210

† Decrease during 1922.

* Average Annual Increase.

Table showing Distribution expressed as a proportion per cent. of total number of notified Insane under care, 1st January.

—	1889.	1899.	1909.	1919.	1923.
In County and Borough Mental Hospitals.	62·5	69·5	75·7	76·4	79·3
In Registered Hospitals - -	2·7	2·4	2·0	2·1	1·7
In Licensed Houses - - -	4·8	4·1	2·3	2·9	2·1
In Naval and Military Hospitals -	0·4	0·3	0·1	0·2	0·1
In State Criminal Asylums - -	0·7	0·6	0·7	0·7	0·6
In Poor Law Institutions and Metropolitan District Asylums.	21·2	16·9	14·5	13·8	13·1
In Single-Care - - - -	0·5	0·4	0·4	0·4	0·3
As Outdoor Paupers - - -	7·2	5·8	4·3	3·5	2·8

Classification of Insane Patients.—All notified insane persons are ranged under the three categories of “private,” “pauper,” and “criminal.” A “pauper” patient is one for whose maintenance the charges are defrayed, either wholly or in part, out of the rates. Many so classed are not, strictly speaking, paupers in the generally accepted sense, for a certain number of them are actually maintained by relatives, who refund to the Poor Law Guardians the whole cost of maintenance. In some districts it is customary to class such cases as “private,” but the more usual practice is for the charge for a private patient in a County or Borough Mental Hospital to be fixed at a rate higher than the bare cost of maintenance, in order to include therein the interest on capital sums expended in the erection and upkeep of the buildings. It may be noted that there were transferred to the “private” class during 1922 7·6 per cent. of those who had been admitted into institutions as pauper patients.

The *private* patients under care on the 1st January 1923 numbered 13,887 (males, 7,863; females, 6,024), a decrease of 472. This decrease was mainly due to a decrease of 459 in the number of “Service” patients, which fell from 4,991 on the 1st January, 1922, to 4,532 at the end of that year. Excluding “Service” patients, the male private patients decreased in number during the year by 51, and the females increased by 38.

The patients in the Naval and Military Hospitals (Yarmouth, 157; Netley, 25), are included among the private patients, as also are those persons found insane by inquisition who are resident in institutions. These latter numbered 101; there were in addition 131 cases (males, 52; females, 59), so found by inquisition, who do not fall within the scope of our statistics.

The percentage sex distribution of the private patients was 56·6 males: 43·4 females. The proportion of males has naturally declined with the decrease in the number of “Service” patients; but, if these cases are excluded, the proportions become 35·6 males: 64·4 females; very similar to a year ago, when the proportion of males, allowing for a similar exclusion, was 36·1.

The *pauper* patients on the 1st January 1923 numbered 111,497 (males, 46,723; females, 64,774), or 88·3 per cent. of all the notified insane. They numbered 3,050 more than in the preceding year. With the exception of an increase of 111 in ordinary Poor Law Institutions, the whole of the increase occurred in County and Borough Mental Hospitals, where it was 3,274, and decreases occurred in all other classes of institutions receiving pauper cases. It is worthy of remark that no such cases are now resident in Licensed Houses.

The percentage sex distribution was males, 41·9 : 58·1 females, and, if the "Service" patients are included, males 44·2 : 55·8.

The *criminal* patients numbered 895 on the 1st January 1923. The males being 7, and the females 6, fewer than a year previously. A considerable number of cases were removed during the year to Broadmoor Asylum from County and Borough Mental Hospitals, and consequently the proportion of the whole number of criminal cases detained in these latter hospitals fell from 29·6 per cent. to 13·0 per cent.

*Statistics of Patients in Institutions for the Insane
and in Single Care.*

The foregoing statistics have referred to the Distribution and Classification of the whole of the cases notified to us as being under care on the 1st of last January. As respects the following statistics relating to admissions, discharges and deaths in institutions and single care, all the above tabulated classes of institutions and care are included except Poor Law Institutions and cases receiving Outdoor Relief.

Admissions, discharges and deaths in 1922.—The number of certified patients resident on the 1st January 1922 was 103,510; and at the close of the year they had increased in number to 106,247.

	1922.
Resident on 1st January	103,510
Direct admissions	23,125
Readmissions due to lapsed orders	57
Indirect admissions (Transfers)	3,816
	130,508
Discharged :—	
Recovered	7,467
Relieved	2,754
Not improved	754
On account of lapsed orders	57
Not insane on admission	22
Transferred (under order) to other care	3,816
Died	9,391
Remained at end of year	106,247
	130,508

The *daily average number resident* increased from 102,110 (males, 44,918; females, 57,192) in 1921 to 104,417 (males, 46,120; females, 58,297) in 1922—the proportion in County and Borough Mental Hospitals being 93·7 per cent. in 1921 and 94·2 in 1922.

The *direct admissions* were 23,125 (males, 10,353; females, 12,772), or 385 more than in 1921, and 1,132 above the average annual number for the decennium 1913–22. The increase on the preceding year was entirely in the female admissions, the male admissions being actually 59 fewer than in 1921. The admissions for 1922 were the largest number we have ever recorded with the solitary exception of those for 1914, when they were about 100 more than in 1922.

It would have been of interest to have expressed this incidence in age-periods in relation to the corresponding age-periods of the general population. This, however, must stand over until the latter are available, but in the meantime it may be mentioned that while the ratio of admissions to 10,000 of the general population of England and Wales in 1914 was 6·28 (males, 6·32; females, 6·25), in 1922 it was only 6·06 (males, 5·68; females, 6·41). Of the 23,125 admissions in 1922, 18,844 were *first* admissions, being 81·5 per cent. of the total for the year. Of the whole number 21,372, or 92·4 per cent. were admitted into County and Borough Mental Hospitals. The percentage increase on the admissions for 1921 was 1·7, while the relative proportion per cent. of the male to the female admissions was 44·8 to 55·2, being a decrease of 1·0 per cent. in the proportion of males obtaining in the preceding year.

Of those *discharged*, 7,467 had recovered, and the *recovery rate*, calculated upon the direct admissions, was 32·29 (males, 29·12; females, 34·86) per cent., that for males being 1·29 above, and that for females ·66 below, the percentage for the decade 1913–22.

Those patients who were discharged from orders as “relieved” or “not improved” numbered 3,508, and if these are added to the recoveries it shows that the absolute discharges from reception orders during the year were 47·5 per cent. of the direct admissions.

The *deaths* numbered 9,391, being 848 more than in the preceding year, and the death rate was 8·99 per cent. of the daily average number resident, or 0·62 per cent. more than in 1921, and 2·80 per cent. below the mean for the ten years 1913–22. The rate for males was 9·98 per cent. and for females 8·21.

The changes brought about by these admissions, discharges and deaths resulted in there remaining at the end of 1922 in institutions and single care 106,247 cases, an increase during 1922 of 2,737, as compared with increases of 3,308 in 1921, and 3,382 in 1920.

COUNTY AND BOROUGH MENTAL HOSPITALS.

A list of these institutions, with the names of the Medical Superintendent and of the Clerk to the Visiting Committee of each one, is given in Appendix F., page 128.

Amount of Vacant Accommodation.

The re-opening during 1922 for the reception of insane patients, of the Oxford County and City Mental Hospital, of the Hollymoor Annex of Rubery Hill Mental Hospital, and of the remaining portion (Block "B") of the West Riding of Yorkshire Mental Hospital at Wadsley, which had all been on loan to the Ministry of Pensions, raised the total number of County and Borough Mental Hospitals functioning as such on the 1st January 1923 to 96, with a total accommodation for 108,712 patients (49,777 males and 58,935 females); and, inasmuch as 100,079 patients (44,284 males and 55,795 females) were then under treatment in these institutions, the vacancies were 8,633—5,493 for males and 3,140 for females.

Further accommodation will be provided at no distant date by the opening of the 11th County of London Mental Hospital (at first for 1,664 patients), now in course of completion*; by the re-opening of the Ewell Colony (London County) for 428 epileptic patients; and by various small extensions of existing institutions, such as one for 200 patients at the Wilts Mental Hospital. In addition, the Maudsley Hospital (London County) has been opened for the reception, treatment, and study of early cases of mental disorder. This institution will accommodate 144 patients, 72 of each sex.

The average annual increase in the numbers resident in County and Borough Mental Hospitals in the three years 1920–22 was 3,482 (1,625 males, 1,857 females) as compared with an average pre-war yearly increase of 2,095 (1,036 males, 1,059 females), for the 10 years ended the 31st December 1913. It is to be remembered that during the years of the war the number of admissions was considerably below the average, not only as respects men, which was probably partly to be explained by the number of cases not notified to us owing to their being treated in military hospitals, but also with respect to women. This abnormal average annual increase in the numbers resident may, therefore, prove possibly to be merely a result of the ebb and flow which admission rates are apt to show or, still more probably, the result of the particularly low death rates which have obtained in these institutions during the past three years; but, should the large rate of increase of these three years be maintained, the accommodation available at present and in the immediate future, will be sufficient only for the needs of the next three or four years.

* See pp. 9 and 10 of the 7th Report, and p. 29 of the 8th Report, of the Board of Control.

Admissions, Discharges and Deaths.

On the 1st January 1923 the County and Borough Mental Hospitals contained 100,079 patients, classified as follows :—

—	Males.	Females.	Total.
Private - - - - -	5,822	2,678	8,500
Pauper - - - - -	38,367	53,096	91,463
Criminal - - - - -	95	21	116
Total - - - - -	44,284	55,795	100,079

Upon the year there was a net increase of 2,719 in the number of patients resident.

Admissions.—During the year there were 21,372 “direct admissions,” as shown below :—

—	Males.	Females.	Total.
Total admissions in 1922 - - -	11,207	13,473	24,680
Deduct transfers from other Institutions, and re-admissions on fresh reception orders to replace lapsed orders - - - - -	1,590	1,718	3,308
Number of direct admissions - - -	9,617	11,755	21,372

The direct admissions in 1922 were 506 more in number than those of the previous year, and 1,501 (252 males and 1,249 females) more than the average of the 10 preceding years.

Of these direct admissions, 18·4 per cent. had been previously discharged from institutions for the insane.

Discharges and Transfers.—The discharges and transfers during the year numbered 13,110, of whom were :—

—	Males.	Females.	Total.
Discharged as—			
Recovered - - - - -	2,698	4,038	6,736
Not recovered—			
Relieved - - - - -	1,009	1,444	2,453
Not improved - - - - -	258	306	564
On account of lapsed orders - - -	13	25	38
Not insane on admission - - - - -	19	3	22
Transferred to other institutions for the insane or to single care - - -	1,652	1,645	3,297
Total - - - - -	5,649	7,461	13,110

The above figures show that the percentage of discharges (recovered, relieved and not improved) to admissions was 45·6;

the percentage of recoveries alone was 31·5, as compared with an average percentage of 31·4 for the preceding 10 years.

Deaths.—During the year, 8,851 patients (4,330 males and 4,521 females) died.

The proportion per cent. of deaths to the daily average number resident was 9·0, namely, 10·0 males and 8·3 females.

The number of post-mortem examinations was 5,689, being 64·3 per cent. of the total number of deaths.

The “Service” patients decreased in number during the year by 459, and at the end of the year the number remaining was 4,532.

Changes among the Medical Superintendents.

Hampshire County, Fareham.

Dr. H. K. Abbott, who had for 32 years been a member of the medical staff of this institution, including 16 years as its Medical Superintendent, died in February, 1922, after a long and painful illness. During his long service his best energies were devoted to the welfare of the hospital and its patients and his services were well known and appreciated by us. He has been succeeded by the Deputy Superintendent, Dr. John Luke Jackson (M.B., Belf.).

Norfolk County, Thorpe.

Lieutenant-Colonel David G. Thomson, C.B.E., M.D., retired in April 1922 from the post of Medical Superintendent which he had occupied for over 35 years; but his decease, taking place last January, and of which we learnt with great regret, afforded him but a short time in which to enjoy his well-earned pension. Distinguished not only as an able administrator, solicitous for the welfare of his patients and always anxious to make his institution—the oldest of the County and Borough Mental Hospitals—fulfil the functions of a modern hospital, he was also an outstanding figure in his specialty and in the county which had so long been the scene of his many activities. He did much to promote the better training of mental nurses and the institution of diplomas in Psychological Medicine for medical practitioners engaged in this branch of their profession; and he was President of the Medico-Psychological Association during the years 1914–1918.

To succeed him, the Visiting Committee appointed Dr. Oliver George Connell (M.C., L.R.C.P. & S., Ireland), who was previously a member of the medical staff at Salop County Mental Hospital, had had experience at special neurological hospitals during the war, and for a short period had been Deputy Superintendent under Colonel Thomson.

Devon County, Exminster.

Dr. Arthur N. Davis, who had previously tendered his resignation, died on the 29th of last June within a few hours of the time

at which it had been his intention to relinquish his duties. He had completed $23\frac{1}{2}$ years of successful work as Medical Superintendent, and it was our hope that he had many years before him in which to enjoy his retirement. In his place, the Committee appointed the Deputy Superintendent, Dr. Richard Eager (O.B.E., M.D.Aberd.), who, besides his many years experience at Exminster, had had charge of the large mental section of the Lord Derby War Hospital.

Sunderland County Borough, Ryhope.

Dr. James Middlemass, F.R.C.P.E., who had been Medical Superintendent since 1898, but whose health for some months had been indifferent, to our great regret died in May 1922. Before he commenced the study of Medicine he graduated first in Arts and then Science and, upon this broad foundation, he acquired an accomplished and wide professional knowledge, especially of Psychiatry which he for some years taught in the Newcastle College of the University of Durham; and, for close on a quarter of a century, in a peculiarly wholehearted manner he devoted his many talents, including a competency in music of no mean order, to the welfare of his patients—by whom, as well as by the staff at Ryhope, he was beloved. His name will always be associated with his efforts to obtain better facilities for the teaching of Psychological Medicine and to improve the training of mental nurses, for the instruction of whom in the recent revision of the “Handbook for Mental Nurses” he gave much valuable assistance. He has been succeeded by Dr. M. A. Archdale (M.B.Durh., D.P.M.Camb.), Superintendent of the Cambridge County Mental Hospital.

Cambridge County, Fulbourn.

Dr. M. A. Archdale, on his appointment to Sunderland, relinquished the post of Medical Superintendent. Throughout the four years during which he has occupied this position, besides his efforts to effect improvements in the hospital, he made commendable endeavour—and, supported by the Visiting Committee and other Authorities, with considerable success—to affiliate the medical staff and clinical work of the hospital with the medical school of the University of Cambridge. In his place, the Deputy Superintendent, Dr. Arthur F. Reardon (L.M.S.S.A.Lond.) was appointed.

Lincoln County, Bracebridge.

Dr. T. L. Johnston, owing to ill-health, at the end of May last year relinquished his position of Medical Superintendent which he had held for almost 16 years. Including his period of service at this institution previous to his appointment as Superintendent, he had for 23 years devoted his best energies to the interests of the hospital, of which he was an able administrator, and to the welfare of his patients, by whom, as well as by the staff,

he was looked upon as a friend. His successor is Dr. John Macarthur (M.R.C.S.Eng., L.R.C.P.Lond., D.P.M.), who was Deputy Superintendent at Colney Hatch, and previously a member of Claybury Mental Hospital staff.

Derby County, Mickleover.

Dr. M. L. Rowan's unexpected death last August lamentably cut short a career of much promise; appointed upon the institution's medical staff at the end of 1904, he had been its Superintendent for the past seven years. He has been succeeded by Dr. George N. Bartlett (M.B.Lond.) who, in addition to experience acquired in two of the London County Mental Hospitals, proved his fitness for a post of greater responsibility by the ability he showed during the eight years he was Superintendent of the Exeter City Mental Hospital.

Exeter City, Digbys.

To fill the vacancy created by Dr. Bartlett's departure, as above mentioned, to Mickleover, Dr. Daniel McKinley Reid (M.D.Glasg., F.R.F.P.S.) was appointed; besides holding responsible posts in several General Hospitals, he had had experience at Horton Mental Hospital, subsequently to which he was Senior Assistant Medical Officer at Hawkhead Mental Hospital, Glasgow.

Lancashire, Rainhill.

Dr. T. P. Cowen, who for 10 years had held the position of Medical Superintendent of this large institution, retired at the close of last year owing to failing health. A man of wide knowledge and high medical attainments, and zealous in maintaining his hospital abreast with modern requirements, he had for over 30 years in this and other mental hospitals under the Lancashire Asylums Board rendered conspicuously able services. He was also Lecturer in Mental Diseases at the University of Liverpool. To succeed him the Deputy Superintendent, Dr. Ernest Fred. Reeve (M.B.Lond.) has been appointed; besides his service in the Lancashire Mental Hospitals, he has had experience in Military Neurological Hospitals and was formerly a member of the medical staff at Brentwood Mental Hospital.

Strike of Staff at a Mental Hospital.

In the early part of the year considerable trouble arose among the staff of the Nottingham County Mental Hospital as a result of a decision by the Visiting Committee to make some small changes in leave and bonus.

The disaffected members of the staff endeavoured to defy the Committee and Officers of the Hospital by a lightning strike and interference with the loyal staff.

After efforts extending over a month to settle the trouble had proved futile, the Committee discharged all the disloyal members of the staff forthwith. A new staff having been installed, the hospital was soon restored to its normal condition. Fortunately the patients suffered no bodily injury during the disturbance.

Clothing.

We record with pleasure the growing practice of authorities of Mental Hospitals to permit patients to wear their own clothing. This arrangement has been coupled with the not unreasonable condition that no responsibility should be accepted in the event of loss of, or damage to, any such clothing, nor for its safe custody. We hope that before long it will be the general practice throughout the Mental Hospital service.

We are glad to observe that in some Mental Hospitals patients, when they are moved to another ward, are allowed to retain the suits, dresses and boots which they have been wearing. This practice is much appreciated by the patients and will, we hope, be extended.

Finance.

The total expenditure on the up-keep of the County and Borough Mental Hospitals in England and Wales, and on the maintenance, supervision and treatment of the patients in them during the financial year ended 31st March 1922, amounted to 7,658,823*l.*, made up as follows :—

	£
Maintenance - - - -	6,907,867
Building and repairs - - -	735,618
Land purchased - - - -	9,093
Land rented - - - -	6,245
Total - - - -	<u>£7,658,823</u>

The above figures, details of which will be found in Appendix E., Table II., do not include any expenditure on new institutions as yet unoccupied.

Compared with the figures of the preceding financial year, there was a decrease of 181,007*l.* in the amount expended on maintenance; of 95,728*l.* in the cost of building and repairs, and of 19,495*l.* in the outlay on land; while the amount paid for land rented showed an increase of 613*l.*, making a total net decrease of 295,617*l.*

Average Weekly Cost.—The average weekly cost of maintaining the patients in the County and Borough Mental

Hospitals for the financial year ended 31st March 1922, excluding the cost of repairs, additions and alterations, was as follows :—

		<i>s.</i>	<i>d.</i>
In County Mental Hospitals	-	26	1
In Borough Mental Hospitals	-	29	6 $\frac{3}{8}$
In both taken together	-	26	11 $\frac{7}{8}$

The items making up the average weekly cost for the last two financial years are contrasted in the following table :—

DETAILS OF THE AVERAGE WEEKLY COST.	County Mental Hospitals.		Borough Mental Hospitals.	
	1920-21.	1921-22.	1920-21.	1921-22.
	<i>s.</i> <i>d.</i>	<i>s.</i> <i>d.</i>	<i>s.</i> <i>d.</i>	<i>s.</i> <i>d.</i>
Provisions not supplied from Institution garden and farm, but procured from outside the Institution (including malt liquor in ordinary diet) - - - - -	6 6 $\frac{1}{8}$	5 2 $\frac{5}{8}$	6 5 $\frac{3}{8}$	5 8 $\frac{1}{8}$
Clothing of patients and attendants - -	1 9 $\frac{5}{8}$	1 6 $\frac{1}{4}$	1 7 $\frac{1}{2}$	1 5 $\frac{1}{4}$
Salaries and wages (excluding deductions for board, lodging, and washing, and deductions under the Asylums Officers' Superannuation Act, 1909) - - - - -	10 9 $\frac{7}{8}$	10 11 $\frac{3}{4}$	11 4 $\frac{7}{8}$	12 1 $\frac{1}{8}$
Pensions, gratuities, &c. (charged to maintenance account) - - - - -	0 4 $\frac{3}{8}$	0 4 $\frac{7}{8}$	0 3	0 3 $\frac{7}{8}$
Necessaries (<i>e.g.</i> , fuel, light, washing, &c.) -	3 7 $\frac{1}{8}$	3 4 $\frac{7}{8}$	4 0 $\frac{7}{8}$	4 1 $\frac{5}{8}$
Surgery and dispensary - - - - -	0 2 $\frac{3}{8}$	0 2	0 2 $\frac{5}{8}$	0 2 $\frac{5}{8}$
Malt liquor, wine and spirits (not included in ordinary diet) - - - - -	0 0 $\frac{1}{8}$	0 0 $\frac{1}{4}$	0 0 $\frac{1}{8}$	0 0 $\frac{1}{8}$
Furniture and bedding - - - - -	0 11 $\frac{1}{8}$	0 11	1 0 $\frac{1}{4}$	1 1 $\frac{3}{4}$
Garden and farm - - - - -	2 4 $\frac{1}{8}$	2 0 $\frac{1}{2}$	3 8 $\frac{1}{4}$	3 2 $\frac{1}{4}$
Miscellaneous - - - - -	2 2 $\frac{3}{4}$	2 3 $\frac{1}{8}$	2 7 $\frac{1}{4}$	2 10 $\frac{1}{8}$
	28 9 $\frac{5}{8}$	26 11 $\frac{1}{4}$	31 4 $\frac{1}{8}$	31 0 $\frac{7}{8}$
Less Moneys received for articles, goods, and produce sold (exclusive of those consumed in the Institution) - - - - -	1 1 $\frac{3}{4}$	0 10 $\frac{1}{4}$	1 9 $\frac{5}{8}$	1 6 $\frac{1}{2}$
NET TOTAL average weekly cost } per head - - - - - }	27 7 $\frac{7}{8}$	26 1	29 6 $\frac{1}{2}$	29 6 $\frac{3}{8}$

The average weekly cost per head for all institutions showed a decrease of 1s. 1 $\frac{1}{4}$ d., or nearly 4 per cent., on the previous year, being the first fall in the cost since March, 1911. From the latter date up to the outbreak of war the yearly increases were comparatively small, but in the later war years and the post-war years the increases were invariably substantial in amount, until the weekly cost reached its highest point in the year ending 31st March 1921, being 28s. 1 $\frac{1}{8}$ d. per head, an increase of 174 per cent. on the cost in 1911.

The chief decrease in cost during the year was in the two items "Provisions" and "Garden and Farm," which together showed a decrease of 1s. 7 $\frac{1}{8}$ d. in County Mental Hospitals and 1s. 3 $\frac{1}{4}$ d. in Borough Mental Hospitals. Other items showed only small decreases, or, as in "Salaries and Wages" and "Miscellaneous," small further increases.

In thus differentiating between the expenditure at Mental Hospitals belonging to Counties and that at those belonging to Boroughs, it should be borne in mind that, while in point of fact there are certain circumstances which do tend to enhance the cost at Borough institutions, *e.g.*, higher rates, yet probably a main reason why their cost of maintenance is high as compared with the County institutions is that, on the average, they are considerably smaller than the latter.

Pensions.—During the year the average weekly cost per head of “Pensions, gratuities, &c.” in all County and Borough Mental Hospitals was $6\frac{1}{2}d.$ Of this sum, $5d.$ was charged to the Maintenance account and the remainder to the Building and Repairs account. In considering the cost of pensions, it should be noted that there was also paid direct by County and Borough Councils a total sum of 24,309*l.*, for pensions granted under the Lunacy Acts of 1890 and previous years which do not appear as a charge on the accounts of the several Visiting Committees, but should be included to show the total cost of pensions, which then comes out at $7\frac{5}{8}d.$ per head per week.

Additions, Alterations, and Improvements.

The necessity for the continuance of the policy of restricting public expenditure has involved further limitation of schemes of additions, alterations and improvements, to those only found to be essential.

The following are among the more important schemes at County and Borough Mental Hospitals which have had statutory approval during the past year.

Monmouth.—*Abergavenny.*—Maindiff Court, a property comprising a mansion and $20\frac{1}{4}$ acres of land adjoining this Mental Hospital, has been conveyed to the Monmouthshire County Council as a free gift from Sir John Benyon, Bt., on condition that it be used for mental hospital purposes. The Minister of Health has approved the condition and the property therefore becomes part of the Hospital Estate. The mansion will be a useful addition to the Institution, but a decision has not yet been arrived at as to the ultimate purpose for which it will be used.

Norwich, City of.—With a view to providing better accommodation for the nursing and domestic staff, the residence of the Medical Superintendent, situated at the official entrance to the hospital, is being appropriated and adapted for that and other purposes, at an estimated cost of £2,124. A detached residence for the Superintendent is being erected at an estimated cost of £3,468. The effect of transferring the staff to central quarters will increase the patients’ accommodation to the extent of 38 beds, so that the improvements were estimated to be effected at an average cost of £147 per bed. This scheme is the first portion of a larger scheme of extension and improvement which

will be developed and put in hand as, and when, circumstances permit.

Oxford, County and City.—The reversion of this hospital from a temporary War Hospital to its normal purpose, afforded the opportunity, while the building was unoccupied and the work of renovation was proceeding, of effecting certain structural improvements which it had been pointed out were urgently needed to bring this old mental hospital up to the reasonable standard of modern requirements for the proper care and treatment of the patients. Improvements were made at the admission wards; the ward windows generally were enlarged, modern sashes being introduced; alterations were made to afford better facilities for the classification of the patients; and a detached Home was erected for the accommodation of the nursing staff. The estimated expenditure was £6,255.

Dorset, County.—A detached residence is being erected at this hospital for the use of the Deputy Superintendent; the estimated cost of its erection is £1,600.

Staff accommodation.—Additional accommodation for the nursing and artizan staffs has been provided at the following hospitals, either by the purchase or erection of cottages, or by extension of existing buildings:—Hants (Park Prewett); Hereford; Lancs. (Rainhill); London (City of); Yorks (North Riding).

Farm buildings.—The farm buildings at the Lancaster Mental Hospital having been condemned, were renovated and extended at an estimated cost of £1,120.

Purchase of Land.—Additional land has been purchased for the following hospitals:—Three Counties, Devon, and Leicester City.

Suicides and some other fatal casualties.

During the year 44 patients met their death in County and Borough Mental Hospitals as the result of suicidal acts, but of these 12 had committed the act before admission, and 10 after they had been allowed to go home on trial. The methods employed in the remaining 22 cases were by hanging in 10 instances, by precipitation in 2, by burning in 2, by cut throat in 2, by strangulation in 2, and by drowning, by swallowing foreign bodies, on tram lines and on a railway in one each.

In only three instances were the patients considered to have suicidal tendencies, and in four the patients had been allowed parole and been given very considerable liberty.

Considering the increased freedom which is now given to many patients in mental hospitals the number who have succeeded in a suicidal act whilst in residence, comparing as it does with 18 in 1921, 29 in 1920 and 17 in 1919, cannot be

considered to be excessive, or to show that greater observation and greater restrictions to the patients' liberty are necessary. It is also interesting to note that the 22 deaths were spread over 19 mental hospitals, there not being more than 2 in any one hospital, and that there were none in some of the hospitals in which perhaps the greatest amount of freedom is given.

We would, therefore, again urge Medical Superintendents to continue to allow parole, either full or limited in extent, to as many of both sexes as possible and not to be deterred by the fear of danger to the patient which, at any rate, so far, has not been shown to result from such treatment.

Few points arise in connection with any of the above cases, but attention may be drawn to the case of one of the female patients who committed suicide by burning at West Ham Mental Hospital. This patient, having evaded her nurse, lit a piece of newspaper by pushing it through the mesh of a fireguard and set fire to her under-clothes, sustaining severe burns from which she died. Her petticoat was made of flannelette. At the subsequent inquest a note attached to the verdict stated, amongst other things, that the fireguards appeared to be incomplete.

A member of the Board who made a full inquiry into all the circumstances of the case at the mental hospital reported that the fireguards were about 3 feet 6 inches in height with one to one-and-a-half inch mesh and with an opening at the top about 5 feet by one foot in size. Similar guards are in fairly common use in mental hospitals and this fatal occurrence does not appear to the Board to necessitate any alteration in their construction, as, were the guards so made that the possibility of a patient reaching the fire with a long spill of paper would be excluded, practically all the heat of the fire would be lost, and the guards would be most unsightly. The flannelette petticoat was very inflammable and the use of such garments, which were only introduced during the war, as woollen goods were unobtainable, has been discontinued. It is to be hoped that should there be any stock of such material remaining in other mental hospitals it will be used for other purposes than clothing.

Deaths as the result of casualties have been few in number, and only two, which are somewhat out of the ordinary, need be mentioned.

Death with severe injuries caused in accidental fall.—W.T., a male epileptic patient, aged 59, in the City Mental Hospital, Newcastle-on-Tyne, died from hæmorrhage from rupture of the left kidney. This patient, whilst walking in the airing court, was seen to fall in an epileptic seizure, his left side coming into contact with a garden seat. On being examined, injuries to the ribs were diagnosed, and, later, symptoms pointing to internal injury

became apparent. He died within 48 hours of the fall. At the post-mortem examination it was found that there were fractures of the 6th and 7th ribs on the left side, and a rupture of the left kidney with much hæmorrhage.

Manslaughter by fellow patient.—A.F., a male patient, aged 54, in the South Yorkshire Mental Hospital, Wadsley, who suffered from General Paralysis.

On the evening before his death the patient was sitting up in bed in an observation dormitory when he was struck violently on the right side of the face by a patient who was in the next bed. There was a partition between the two beds, but this was not high enough to prevent the blow being struck. A.F. died the following day from cerebral hæmorrhage caused by the blow. At the inquest a verdict of manslaughter was returned and the patient who struck the blow was arrested. This patient after being found insane on arraignment was sent to Broadmoor Criminal Asylum.

Infectious Diseases.

Tuberculosis, Dysentery, and "Severe Diarrhœa"—Up to the present time we have based our conclusions concerning the prevalence of these diseases in mental hospitals upon the mortality returns that have been received from all institutions at the end of each year. Mortality returns do not, however, afford an accurate index of the incidence of any diseases, as deaths are largely dependent upon varying types, severity of attack, and other conditions. Conclusions drawn therefore from such returns are not always well founded.

Since July 1st, 1921, notifications of the actual occurrence of cases of the diseases in question have been received weekly from all County and Borough Mental Hospitals, with the result that on December 31st, 1922, returns showing the incidence for a full calendar year became available for the first time. These returns are now forming the basis of special inquiry, and it would in consequence be premature to do more here than indicate the conditions disclosed.

Tuberculosis.—The new cases of this disease that were notified to us between January 1st and December 31st, 1922, numbered 1,683, equal to 17·1 per 1,000 of the daily average number of persons resident in 96 County and Borough Mental Hospitals. Comparison between individual mental hospitals shows a marked variation in incidence, being in some as high as 57·2, 53·5, and 47·4 per 1,000 resident, and as low as 2·5, 2·9, and 3·3 in others. It is possible, of course, that considerable variation may result from the collection of similar returns in future years: but these marked differences, even though for one year only, justify inquiry, especially as there is reason to believe that a large proportion of the cases were not known to be tuber-

culous at or soon after admission. An attack incidence of the magnitude shown in many mental hospitals can hardly be regarded as irremediable.

With regard to the sex incidence of the 1,683 new cases notified, 819 were males and 864 were females, equal to 18·8 and 15·4 per 1,000 of the daily average number of each sex under detention in all mental hospitals. So far as information on the point is available, it would seem that about 92 per cent. of the tuberculosis is pulmonary and about 8 per cent. general or “surgical.”

Deaths from tuberculosis, during the 12 months in question, totalled 1,164, of which number 539 were males and 625 females; figures that are equivalent to 12·4 deaths per 1,000 resident in the case of the former, 11·4 in the case of the latter, and 11·8 per 1,000 of both sexes together. No useful purpose would be served by attempting to correlate mortality with incidence on the basis of one year's returns. The deaths during 1922 obviously relate in large measure to the incidence in previous years, concerning which no information is available.

Dysentery.—The new cases of dysentery that occurred in mental hospitals, and were notified to us, between January 1st and December 31st, 1922, numbered 858—equal to a mean incidence rate of 8·7 per 1,000 of the daily average number of persons resident in all County and Borough institutions. Comparing mental hospitals with one another, the incidence, as was the case with tuberculosis, is found to vary greatly; in some of them many cases occurred, raising their incidence rate to a figure much above the mean (even to 88·5, 78·7, and 62·8 per 1,000 in three of them) whilst in others no cases occurred at all, or only very few. Nearly a third of all mental hospitals had an incidence rate above—or somewhere about—the mean, a generous third had a few cases only—an incidence considerably below the mean—and a third were entirely free from the disease.

During the year under review 42 men and 111 women died from dysentery—153 in all. Comparing these figures with the incidence a case mortality for men of 10·2 per cent. is obtained, for women 20·4 per cent., and for both sexes together 17·8 per cent. Owing to the absence of reliable details as to incidence in previous years it is impossible to say whether or not these ratios are usual; this is a question that must be left for the future to decide. In the meantime, however, it is disturbing to find, from this one year's returns, that not only is the sex incidence disproportionate—63·3 per cent. of females attacked to 36·7 per cent. of males—but the case mortality for females is just double what it is for males. In other words women are attacked in much greater numbers than

men, and of the women attacked, compared with men, twice as many die.

“*Severe diarrhœa.*”—In addition to dysentery many mental hospitals notify cases of “*Severe diarrhœa*,” presumably due to causes that are insufficiently defined for precise diagnosis. During 1922, the total number of such cases returned to us amounted to males 158, females 228—total 386—from 38 mental hospitals. Of the total number of patients affected 12 males and 36 females died, a total of 48 persons. The ratios of mortality to attack were therefore 8 per cent. for men, 16 per cent. for women, and 12·4 per cent. for both sexes. It is interesting to note that these sex ratios closely follow those for dysentery; in both cases the women attacked largely predominate, and the mortality for females is exactly double that for males.

Some Medical Superintendents frankly admit to notifying cases as “*severe diarrhœa*” when the bacteriological examination yields a negative dysentery return—notwithstanding clinical appearances, and the concurrent presence of positive dysentery. Scientifically this position is more or less justifiable, especially when the notification is accompanied by an admission that the sickness is probably due to some undefined causal organism. The inference of infectivity, however, of dysenteric character, is fully justified when, as at one institution, 38 cases occurred, all on the female side, at another where 17 cases occurred on the male side only, and when in other instances of large numbers there is a marked preponderance on one side of an institution.

It is very probable, as our knowledge of the causation of these obscure cases of colitis increases, that their relegation to some definite category will become possible. To this end it is eminently desirable that full facilities for bacteriological examinations should be available at all institutions, and that all should endeavour, as some are now doing, to throw light upon the now somewhat obscure causes of “*severe diarrhœa.*”

Enteric Fever.—The number of cases of enteric fever notified to the Board during 1922 totalled 117, 102 amongst patients, and 15 amongst members of the staff. In both cases, patients and staff, females largely predominated, the sex distribution in regard to patients being 19 males to 98 females, and in staff one male to 14 females. Three institutions, Fareham, Cane Hill, and Long Grove, were responsible for 14 cases each, and Dorset County and Nottingham County Mental Hospitals for 8 and 6 respectively; the remaining 61 attacks were distributed in comparatively small numbers amongst 31 other institutions. Comparing the incidence of cases of the disease during 1922

with that of the 4 previous years (508, 240, 159 and 91 respectively), it is evident that, although an increase is shown over 1921—for which the 14 cases in three mental hospitals is mainly responsible—the number for 1922 remains low as compared with the returns for 1918, 1919 and 1920. Deaths from enteric fever numbered 36, one being a nurse and the remainder patients; the case mortality therefore amounted to a little over 30 per cent.

So far as this disease is concerned the most important matter for remark continues to be the one referred to in previous years—the greater liability to attack of nurses and female patients as compared with attendants and male patients, a condition that is the reverse of what occurs in the general population. According to figures furnished by the Registrar General the male mortality rate from enteric fever has exceeded the female during nearly every one of 50 years, and during the last 20 years over which records are available—*i.e.*, from 1901 to 1920—the male rate has always exceeded the female, sometimes to a material extent. It is necessary to know why the reverse obtains so markedly in the population of mental hospitals; until some organised effort is made to account for this there can be little hope of successful action on right lines.

Influenza was more prevalent throughout 1922 than during the two previous years. Although for the most part mild in type, it assumed some degree of virulence in a few institutions and caused a considerable number of deaths. Owing to difficulty in differential diagnosis between severe catarrh and influenza, the actual incidence of the latter is difficult to obtain with any degree of certainty; but, from data available, it seems probable that the number of cases amounted to between 3,500 and 4,000. Deaths resulting from the disease, as primary cause, numbered 256 (males 101, females 155), and in 32 cases influenza was returned as a secondary or contributory cause. These numbers, compared with the totals of 48 and 32 for 1920 and 1921 respectively, provide some indication of the more serious character of the disease as it occurred in 1922.

Erysipelas showed unsatisfactory indication of increased incidence during the year under review. Notwithstanding the probability that notifications are incomplete, as they have not been specially asked for, 88 cases have been reported with 9 deaths. From a standpoint of ward infection, it is significant to note that 66 of the 88 known cases of erysipelas have occurred in institutions where tuberculosis, dysentery, and “severe diarrhoea” are most prevalent.

Smallpox.—Although cases of this disease have been notified in the general population during 1922 in much greater number than in previous years, no case has occurred in mental hospitals.

Pellagra.

It is only during comparatively recent years that pellagra as a cause of death has found place in our mental hospital mortality tables; cases of the disease prior to about ten years ago having been of extremely rare occurrence, or, if present, only occasionally diagnosed, in English institutions.

The actual case incidence during the last 10 years is not known; but the number of deaths notified each year, primarily or secondarily attributed to the disease, are as follows :—

	Males.	Females.	Total.		Males.	Females.	Total.
1913 - -	—	8	8	1918 -	1	3	4
1914 - -	—	1	1	1919 -	—	—	—
1915 - -	3	12	15	1920 -	—	2	2
1916 - -	2	6	8	1921 -	—	1	1
1917 - -	—	9	9	1922 -	3	15	18

It is evident, therefore, that 66 deaths have occurred during the period in question, and that 57 (86·4 per cent.) of them were in women, and 9 only (13·6 per cent.) in men. In no single year has the male mortality exceeded the female. Here again, therefore, we seem to have a disease much more likely to attack women, or more likely to prove fatal to them, under institution conditions of residence.

Although a large majority of the deaths have occurred in Lancashire, and most of them in one mental hospital in that county, some have been notified from other districts, amongst them the East Riding of Yorkshire, Norfolk, Hertfordshire, Monmouth and London.

It is significant that, in some countries, where pellagra now causes a material proportion of deaths in mental hospitals, the history of the early years of prevalence was marked by an insidious and almost inappreciable incidence, punctuated with occasional small outbreaks. In order to prevent, if possible, any similar development in future in our institutions, it is to be hoped that careful records will be kept of every case that occurs, and that each will be the subject of close investigation and report on the lines adopted by Dr. G. A. Watson of Rainhill in papers published by him in the Supplement to this Report, and in others issued in previous years. A close study of the disease, by all who are called upon to deal with cases, is an essential preliminary to the institution of measures that will (*a*) successfully prevent spread, and (*b*) obviate the possibility of the condition becoming permanently endemic.

REGISTERED HOSPITALS.

These institutions, 13 in number, and the same as last year, continue to discharge their useful functions in an adequate and satisfactory manner. They provide suitable and excellent accommodation and skilled medical treatment for private patients of all classes.

The percentage of discharges (recovered, relieved and not improved) to the direct admissions during 1922 was 63·4, and of recoveries alone 41·9; the percentage of deaths to the average number resident was 7·8.

Certified Patients.

				Males.	Females.	Total.
Number on 1st January 1922 - - -				897	1,319	2,216
During 1922.						
Admitted - - -	M.	F.	T.			
259	391	650				
Discharged as—						
Recovered - - -	88	140	228			
Not recovered—						
Relieved - - -	31	49	80			
Not improved - - -	19	18	37			
On account of lapsed orders - - -	2	2	4			
Transferred to other institutions for the insane or to single care - -	58	118	176			
Died - - -	88	80	168			
Number on 1st January 1923 - - -				870	1,303	2,173

In addition to these patients, there had been admitted during the year 312 voluntary boarders, and, on the 1st January 1923, 189 remained in residence. The two institutions where the largest numbers of boarders were treated were Bethlem Royal Hospital and York Retreat, which absorbed between them 42 per cent. of the voluntary admissions into Registered Hospitals.

The foregoing figures show a decrease of 43 certified patients, and there was an increase of 24 Voluntary Boarders during the year.

Of the deaths of patients which occurred during the year, two were due to suicidal acts—one in the case of a lady whilst

out on trial, and the other of a lady whilst in residence. Neither of them calls for special comment.

St. Andrew's Hospital, Northampton.—Certain allegations were made to us by an ex-patient as to the alleged ill treatment, bad food, lack of attention and general unsatisfactory care and supervision of herself and other named patients during her residence at this Hospital. The letter of complaint was brought before the Committee of Management of the Hospital and on the suggestion of our Board the Committee held an inquiry. They came to the conclusion there was no ground for the charges of cruelty mentioned in the letter. Later, and after an interview with the ex-patient, our Board decided that an inquiry should be held on their behalf. Accordingly, three Commissioners held an inquiry at the Hospital lasting two days, and, in the result, came to the conclusion that the allegations were unfounded.

Manchester Royal Hospital, Cheadle.—Dr. John Sutcliffe retired from the post of Medical Superintendent in the middle of the year. Although he had occupied that position for only a comparatively short period, having succeeded Dr. Walter Scowcroft, who resigned the post in April, 1920, after nearly 17 years of valuable service, his association with Cheadle Royal as a member of the Medical Staff had extended over 25 years; and, throughout that period, his zeal on behalf of the patients and the welfare of the Hospital was well known. He has been succeeded by Dr. J. A. C. Roy (M.B.Vict.), who had been an Assistant Medical Officer of the Hospital for 15 years, and whose intimate knowledge of the Hospital and its patients will materially assist him in carrying out his duties.

The Retreat, York.—On the 31st March, 1922, Dr. Bedford Pierce, F.R.C.P., who had for the last 30 years so admirably administered this Hospital, retired; besides persistent endeavour to advance the study of psychological medicine in general, his efforts to maintain The Retreat in the forefront of all institutions for the insane in this country, and to improve the medical treatment and the amenities of the patients were most successful. To succeed him, Dr. Henry Yellowlees, O.B.E. (M.D., F.R.F.P.S., D.P.M.), was appointed; he had had considerable previous experience at the Royal Edinburgh Mental Hospital as Senior Assistant Physician, and at the Perth District Mental Hospital as Assistant Medical Officer.

STATE CRIMINAL ASYLUM, BROADMOOR.

This Institution was visited in July, 1922, by two members of our Board. It was well kept throughout, redecoration was in progress in parts of the building, and some minor improvements had been carried out. The patients were in good health, they

were in receipt of due care and supervision and the institution is very well administered. The number of patients resident was 748, of whom 562 were men and 186 women. One block was unoccupied.

NAVAL AND MILITARY HOSPITALS.

Royal Naval Hospital, Yarmouth.—The Commissioner who visited this hospital in August, 1922, reported that the hospital continued to afford most comfortable and well ordered accommodation for the officers and men in residence, all of whom were in receipt of that good care and supervision which is associated with the administration of this institution. The numbers on the books of the hospital were 157 (33 of whom were officers), a decrease of 23 in the figures of last year.

Royal Military Hospital, Netley.—The portion of this hospital—D Block—which is appropriated for the treatment of cases of incipient or temporary mental disorder, was visited by a member of the Board in March, 1922. He reported that the wards and dormitories were in good order and that a high standard of efficiency was maintained. He was glad to find that the officer in charge of the Block is now allowed to retain cases at his discretion, as long as there continues to be a probability of progress towards recovery. The cases admitted during 1921 numbered 382—officers 22, other ranks 360.

LICENSED HOUSES.

During 1922, the number of these houses has been reduced by one, owing to the lapse of the licence of Westbrooke House, Alton.

On 1st January, 1923, there were 19 Metropolitan Houses licensed by us, and 37 Provincial Houses by justices, for the reception of patients under the Lunacy Acts.

The percentage of discharges (recovered, relieved and not improved) to the direct admissions during 1922 was 60·1, and of recoveries alone was 33·4; the percentage of deaths to the average number resident was 11·5.

The following table gives the numbers and distribution of the certified patients detained in these houses on the 1st January, 1923 :—

Certified Patients.

						Males.	Females.	Total.
Number on 1st January 1922—								
Metropolitan	-	-	-	-	-	436	781	1,217
Provincial	-	-	-	-	-	463	976	1,439
Admitted during 1922—								
Metropolitan	-	-	213	442	655			
Provincial	-	-	152	338	490			
Discharged during 1922 as—								
Recovered—								
Metropolitan	-	-	37	118	155			
Provincial	-	-	41	118	159			
Not recovered—								
Relieved—								
Metropolitan	-	-	44	90	134			
Provincial	-	-	18	48	66			
Not improved—								
Metropolitan	-	-	12	22	34			
Provincial	-	-	5	11	16			
On account of lapsed orders—								
Metropolitan	-	-	—	4	4			
Provincial	-	-	2	9	11			
Transferred during 1922 to other institutions for the insane or to single care—								
Metropolitan	-	-	55	110	165			
Provincial	-	-	57	95	152			
Died during 1922—								
Metropolitan	-	-	81	87	168			
Provincial	-	-	50	81	131			
Number on 1st January, 1923—								
Metropolitan	-	-	-	-	-	420	792	1,212
Provincial	-	-	-	-	-	442	952	1,394

These figures show there was a decrease of 5 in the total number of certified patients in the Metropolitan Houses and of 45 in the Provincial Houses.

In addition to the above patients, there had been admitted during the year, 375 voluntary boarders (137 in Metropolitan and 238 in Provincial Houses), and, on the 1st January, 1923, 51 remained in Metropolitan and 98 in Provincial Houses, showing an increase during the year of 9 in Metropolitan and 15 in Provincial.

Five deaths from suicide of patients in these houses, and one death from suicide of a voluntary boarder in a branch of one of these houses, occurred during the year. In the case of one

patient, the act took place whilst away on trial, in another, before admission, and in that of the voluntary boarder, when away from the house. None of them call for any special comment.

Some changes have occurred in the licensees of some of the houses, and a list of the Metropolitan and Provincial Houses with their present licensees appears at p. 133 of this Report.

The Grove, Catton.—The death occurred in January of last year, of Dr. Cecil A. P. Osburne, who had been one of the licensees of this house since 1896. He had been favourably known to us for many years for his keenness, and kindly methods of dealing with his patients.

Westbrooke House, Alton.—The licence of this house, which was first opened for the reception of patients of the private class on 18th October, 1842, lapsed on the 16th April, 1922. Owing to financial difficulties in 1915, the house was closed and the patients then resident were removed to other care in August of that year. The licence had been annually renewed by the justices in Quarter Sessions in order to enable the proprietors to secure other premises in substitution for Westbrooke House, but as they failed to find suitable ones, the licence was allowed to lapse.

The Old Manor, Salisbury.—The name of the licensed house, formerly known as “Fisherton House” was changed to that of “The Old Manor” in February, 1922. Dr. John Kennedy Will, who had become the Medical Superintendent in July, 1920, resigned, and Dr. Samuel Edgar Martin (M.B., Edin.) was appointed to the post.

Demolition of several of the older parts of this institution took place during the year, and at the Special Sessions for the City of Salisbury held in April, 1922, additional villas known as Llangarran and 1 and 2, Montague Villas were included in the licence. The first named house affords excellent accommodation for 14 patients of one sex who are either convalescing or are of the quiet well-behaved class. The other villas are in occupation of the staff.

VOLUNTARY BOARDERS.

The increase in the number of patients who apply for and voluntarily submit themselves to treatment for mental illness is noteworthy; and, as it cannot be adequately gauged from the figures given in our Report under Registered Hospitals and Licensed Houses—the only forms of institutional care under the Lunacy Acts in which this mode of admission is at present legally permitted—some further comment seems desirable.

Twenty years ago, the average number of these cases yearly admitted into these two classes of institutions was 300 and the number of them in residence was usually about 150; whereas during 1922, though the number of institutions in question remains substantially the same (13 Registered Hospitals and

56 Licensed Houses), the number of patients admitted upon the footing of a "voluntary boarder" was 687 and the number in residence on 1st January that year, was 290: thus during the last two decades the number of voluntary admissions has more than doubled and the number of these cases usually in residence has nearly doubled. In arriving at these totals, the conspicuously large contribution made by Bethlem Royal Hospital deserves special mention; at that hospital the number of voluntary admissions now closely approximates to, and sometimes exceeds, that of those sent under Order. These figures are no mean testimony of confidence in the management of these institutions on the part both of the public and of the patients themselves, many of whom when feeling the imminence of a return of their illness repeatedly seek re-admission; and they are the more gratifying in the face of unjust aspersions which from some quarters have been cast upon institutions receiving mental cases.

It is a mode of admission which in suitable cases we particularly favour and wish to see extended—obviating, as it does, in patients who are themselves desirous of treatment, any sense of needless compulsion or detention, and materially promoting early treatment and thereby often the prevention of confirmed illness. We desire to see it still further practised at Registered Hospitals and Licensed Houses, and are sanguine that its present legal inapplicability to County and Borough Hospitals and to other approved institutions will speedily be rectified by appropriate legislation.

OUT-PATIENT TREATMENT OF MENTAL DISORDERS.

The treatment as hospital out-patients of cases with symptoms of mental disorder affords a peculiarly favourable opportunity for such patients, when suitable, to be dealt with in the earliest stages of their mental illness. There is a natural reluctance on the part of most people to undergo institutional treatment anywhere, and, except perhaps for the purposes of thorough physical examination, it is, indeed, scarcely to be expected that cases of really incipient mental disorder are likely without considerable persuasion, to submit themselves to treatment as in-patients within an institution—be that a general or a mental hospital. Yet it is probably during this incipient stage that the patient most clearly feels and realises that something is amiss with himself and when, being still in possession of sufficient insight, he can himself most effectively supplement and respond to the efforts of his physician. The importance, therefore, of providing, at this stage of the illness, treatment which is acceptable as well as effective is manifest; and it is for this reason that we advocate the institution of out-patient clinics and heartily welcome those which have been so far established.

An out-patient department at the West Riding Mental Hospital at Wakefield has existed for over thirty years. In 1919, a similar but more elaborated department was instituted by the Authorities of the Royal Bethlem Hospital, not at, but in close proximity to, that hospital and under the name of the South London Hospital for Diseases of the Nervous System. Much valuable out-patient work has been, and continues to be, accomplished at both these places. We understand that out-patient work will also be carried on at the Maudsley Hospital.

Nevertheless, in our view, a wider sphere of influence, and therefore greater good, is inevitably more likely to be attained under arrangements which permit mental cases, either on their own initiative or upon the recommendation of the family doctor, to present themselves for treatment at the out-patient department of a general hospital. It was accordingly a matter of much satisfaction to us when we learnt of the conclusion in 1918 of such an arrangement at the Radcliffe Infirmary, Oxford, under which, with the consent of the Visiting Committee of the County and City Mental Hospital at Littlemore, the Medical Superintendent of that institution was allowed to accept an Honorary appointment upon the Radcliffe Infirmary medical staff in order to undertake this out-patient work. The scheme has proved a great success. It is, for instance, noteworthy that while (as was expected) the admission rate into public mental hospitals at present shows an upward tendency, that at Littlemore seems to be some 20 per cent. less than in the five years before the war; it is premature to insist on direct connection between these two facts, but they appear to be worthy of record and of future careful observation; and we are at any rate convinced that much good work in the direction of early and preventive treatment has been done.

At various centres where such suggestions seemed likely to be fruitful, we have in the course of our visits to mental hospitals discussed and advocated the institution of out-patient treatment for mental cases at the neighbouring general hospital, and we take pleasure in being able to record that corresponding arrangements have been made in connection with, so far as we have information, the following mental hospitals—Cambridge, Cardiff, Chester (Upton), Dorset, Lancaster Moor, Middlesex (Springfield), Sussex (East), and St. Luke's Hospital. The last-named scheme, which is in connection with Middlesex Hospital, is the most recent of these developments and is the outcome of advice tendered at their request to the Committee of Governors of St. Luke's by our Board. St. Luke's Hospital was formerly in Old Street, E.C., and pending its re-erection on a site which has been obtained in the country, we advised that one of the Medical School Hospitals in London should be approached in the hope of arranging for out-patient facilities and for the ultimate provision of a few beds for mental cases therein. In the result, and with the good-will of the Governors of Middlesex Hospital, a

scheme was arrived at which in our view is highly satisfactory and, marking as it does a progressive spirit, reflects great credit upon the Authorities of both these hospitals. We shall watch its development with interest; and we look forward to being in a position to give in a future Report a more detailed account of out-patient work in connection or affiliation with institutions under our supervision.

Visiting Committees have been somewhat hampered in their efforts to provide out-patient clinics by the absence of any statutory authorisation of expenditure on this service. The provisions contained in the Mental Treatment Bill will remove this difficulty and we hope to see a large extension of this valuable service in the near future.

SINGLE PATIENTS.

The following table shows the changes that have taken place during the past year among the patients residing in Single Care as persons of unsound mind under the provisions of the Lunacy Acts, but exclusive of those who have been found insane by inquisition :—

Single Patient Statistics, 1922.

—				Males.	Females.	Total.
Number on 1st January 1922 - - -				129	310	439
	M.	F.	T.			
Direct admissions during 1922 - - -	4	34	38			
Admitted on transfer during 1922 - - -	35	83	118			
Discharged during 1922 as—						
Recovered - - -	8	29	37			
Not recovered—						
Relieved - - -	6	14	20			
Not improved - - -	5	7	12			
Transferred to other single care or to institutions for the insane - - -	15	64	79			
Died during 1922 - - -	7	14	21			
Number on 1st January 1923 - - -				127	299	426

The above figures show a decrease of 13 single patients in residence at the end of last year, as compared with the corresponding figures of the previous year.

The number of admissions into single care during the past year, viz., 156, is a decrease of 9 on the number admitted in 1921, and the discharges or transfers were 148, as compared with 157 in that year.

The patients in single care have been visited by a Commissioner once at least during the year, and where it was considered advisable a second visit was paid. As a result of these visits, we can say that the accommodation for the patients and the conditions surrounding them were suitable and good with very few exceptions. The patients were for the most part of a mild and chronic type, and fit subjects for this form of care.

The deaths, with two exceptions, were from natural causes. In one case a gentleman succeeded in eluding his attendant, a temporary man, and threw himself over a verandah some 12 feet in height. He received very severe injuries from which he died. In the other case, a female patient escaped from the house where she was residing, and was not found until 15 days afterwards, when she was discovered dead lying in the furze bushes on the downs, her death being due to starvation and exposure. In neither case did we consider that any blame attached to those in charge of the patients.

No other incidents among single patients during the year under review call for special remark.

THE INSANE IN POOR LAW INSTITUTIONS.*

The following table shows the distribution of patients who are certified under the Lunacy Acts, and who were in Poor Law Institutions on 1st January, 1923 :—

	Males.	Females.	Total.
In Institutions belonging to Boards of Guardians - - - -	4,718	6,546	11,264
In Metropolitan District Asylums -	2,355	2,870	5,225
Total - - - -	7,073	9,416	16,489

PROSECUTIONS.

The following prosecution, undertaken under our Order, resulted in a conviction.

R. v. Nellie Henrietta Georgina King.—The defendant, a nurse at Camberwell House, one of the Metropolitan Licensed Houses for the care of mental patients, was convicted on November 11th, 1922, before the magistrate sitting at Lambeth Police Court, of assaulting a patient, and fined £4.

The following prosecutions undertaken at the instance of Mental Hospital Visiting Committees also resulted in convictions.

R. v. George Ernest Shirley.—The defendant, a probationer male nurse at the Middlesbrough Mental Hospital and who had

* The numbers of mental defectives in these institutions will be found on p. 54.

been summarily dismissed from his employment, was, on July 28th, 1922, convicted before the stipendiary magistrate sitting at Middlesbrough of striking a patient, and was fined £10.

R. v. Thomas Storey.—The defendant, a night attendant at the Sunderland Mental Hospital and who had been dismissed from the service for an alleged assault on a patient, was, on November 11th, 1922, prosecuted and convicted before the Justices sitting at Sunderland, and fined £10.

Mental Deficiency.

General Review.

At the date of the publication of this report the Mental Deficiency Act of 1913 will have been nearly ten years in existence, and it may be useful at this stage to give a general review of the work that has been accomplished under its provisions. It must be borne in mind that the advent of the war and the consequent financial restrictions coming so soon after the Act came into operation, greatly curtailed the possibility of its full development. We think, however, that enough experience has already been gained to show future possibilities and to point out the most useful lines of further advance.

It is advisable, in order to obtain correct insight into the whole problem of dealing with the mentally defective, to consider some of the principal findings of the Royal Commission which was appointed in 1904 “to consider the existing methods of dealing with idiots and epileptics and with imbecile feeble-minded or defective persons,” and “in view of the hardship or danger resulting to such persons and the community from insufficient provision for their care, training and control” to report as to the amendments of the law which should be adopted. After an exhaustive inquiry, extending over four years, this Commission presented a unanimous report. They stated that they were compelled by the evidence to come to the conclusion “that there are numbers of mentally defective persons whose training is neglected, over whom no sufficient control is exercised, and whose wayward and irresponsible lives are productive of crime and misery, of much injury and mischief to themselves and to others, and of much continuous expenditure wasteful to the community and to individual families.

“We find a local and ‘permissive’ system of public education, which is available, here and there, for a limited section of mentally defective children, and which, even if it be useful during the years of training, is supplemented by no subsequent supervision and control, and is, in consequence, often misdirected and unserviceable.

“We find large numbers of persons who are committed to prisons for repeated offences, which being the manifestations of a permanent defect of mind, there is no hope of repressing, much

less of stopping, by short punitive sentences. We find lunatic asylums crowded with patients who do not require the careful hospital treatment that well-equipped asylums now afford, and who might be treated in many other ways more economically and as efficiently. We find, also, at large in the population many defective persons, adults, young persons and children, who are, some in one way, some in another, incapable of self-control, and who are, therefore, exposed to constant moral danger themselves, and become the source of lasting injury to the community."

The Royal Commission appointed medical investigators in various typical districts, and estimates based on their investigations gave the following results.

The number of mentally defective persons in England and Wales (apart from certified lunatics) was estimated at 149,628, or .46 per cent. of the population. Of these 66,509 or 44.45 per cent. were estimated to be urgently in need of provision either in their own interest or for the public safety. Only such cases were included as were in the opinion of the investigator "improperly, unsuitably, or unkindly cared for, or who by reason of particular habits and characteristics are a source of danger to the community in which they live."

It will be seen later that the work carried on under the ascertainment clauses of the Mental Deficiency Act affords general confirmation of these figures.

It may be useful to consider the underlying principles which dominated the recommendations of the Commission and to discuss how far they were carried out by the Act of 1913. These principles can be stated as follows :—

(1) That those persons who by reason of mental defect cannot take part in the struggle of life should be afforded State protection suited to their needs. This principle had already been adopted in English Law with regard to idiots and lunatics, and the Royal Commission proposed to extend it to all grades of mental defect.

(2) That the mental condition of these persons, and neither their poverty nor their crime, is the real ground of their claim for State protection. Many mentally defective persons are dealt with as paupers or criminals, but before the Mental Deficiency Act there was no means of dealing with them primarily as mentally defective.

(3) That if the mentally defective are to be dealt with as suggested above, it is necessary to ascertain who they are and where they are. It was anticipated that this would be done chiefly through the Local Education Authorities who already had this knowledge concerning children in all districts where Special Schools existed.

(4) That the protection of the mentally defective person should continue as long as it is necessary either in his own interest or in the interests of the community. It was shown that this principle

involved the power to segregate and detain mentally defective persons under proper conditions and limitations and that this was an extension to the whole group of the mentally defective of the advantages already given to lunatics and idiots. It was fully recognised that mental defect, amentia, is a permanent condition and one that calls for continuous care and control either at home, if the home circumstances are favourable, or under guardianship or in suitable colonies or institutions.

(5) Lastly, great stress was laid on the recommendation that in order to supervise the local administration dealing with the protection and control of the mentally defective, a single central authority is indispensable—unity of care and control may be said to be the key note of the whole Report. Speaking of the evidence before them, confirmed by the reports of the medical investigators, the Commissioners say: “This evidence suggests for our consideration as a main issue, how far it is possible to create a system by which these mentally defective persons could, at an early age, be brought into touch with some friendly authority, trained and, as far as need be, supervised during their lives, in co-operation with their relations, when that is to their advantage, or, when it is desirable, detained and treated in some measure as wards of the State. The evidence also suggests that, as so many Authorities are brought into contact with these persons—the Poor Law, Prisons, Schools and the like—in some way a settled plan of action should be established between the various agencies, so that some one supervising Authority should see that they did not pass from one Authority or Institution to another, helped or detained a little in each but permanently cared for by none.”

The main principle which stands out prominently in the Report and Recommendations of the Royal Commission is that to secure adequate treatment of the mentally deficient there must be unity and continuity of care and control. We propose to consider how far the Mental Deficiency Act carried out this principle, and to what extent it has been able to meet the evils revealed by the Royal Commission.

The Mental Deficiency Act—Divided authority.

Except in a small percentage of cases it cannot be said that the Mental Deficiency Act is at present exercising unity or continuity of control, though it undoubtedly aimed at creating the machinery by which these conditions could be secured. It established one Central Authority, the Board of Control, for the “general superintendence of matters relating to the supervision, protection and control of defectives,” but the Act did not hand over all defectives to the Board’s care. Children up to the age of seven can be dealt with under the provisions of the Mental Deficiency Act, from seven to 16 the Board of Education is responsible for feeble-minded children, after 16 those needing further care can be dealt with by the Board of Control. The

Home Office is responsible for those dealt with under the Children Act and also through the Prison Service for adult mentally defective criminals, while the Ministry of Health, through the Poor Law, deals with very large numbers and all types and ages of the mentally defective. These Central Authorities have corresponding Local Authorities and, although the Mental Deficiency Act created an elaborate system whereby a defective could be transferred from the care of one authority to that of another, it is found in practice that it is most difficult to secure complete co-operation between the various Local Authorities. The present procedure is very complicated and it is hoped to simplify it. It is still to a large extent true that "mentally defective persons pass from one Authority or Institution to another, helped or detained a little in each, but permanently cared for by none."

Need for co-operation between Authorities.

(1) *The Local Authority and Local Education Authority.*—The fundamental idea of continuity of control was the prevention of personal degradation and disaster to the individual defective and of the attendant social evils. It was seen that by early recognition and protection defectives could receive sufficient training and care to prevent them becoming drunkards, criminals, "in and out" paupers, and the parents of children whom they could not support and whom they often neglect and illtreat. But the provisions of the Mental Deficiency Act, except in one instance, are insufficient to carry out the idea. Section 2 which sets out the classes of defectives "subject to be dealt with" shows that only those are eligible for care and protection in whose case some personal disaster has already taken place, *e.g.*, neglected, abandoned, or cruelly treated, found guilty of any criminal offence, undergoing imprisonment, habitual drunkard, in receipt of Poor Law Relief when pregnant or at the time of giving birth to an illegitimate child, &c. The single exception is section 2 (2) (b) which gives the Local Education Authorities power to notify to the Committees for the Care of Defectives those children who would benefit by Institution care or guardianship. This is the one provision of the Act which seems to have been framed with the idea of preventing disaster and securing continuity of care for those who need it, and if thoroughly carried into effect it would go far towards meeting the whole problem.

Immediately following the passing of the Mental Deficiency Act, the Elementary Education (Defective and Epileptic Children) Act was amended and its adoption by Local Education Authorities made compulsory—and it would not be too much to say that the success of the Mental Deficiency Act depends greatly on the thoroughness and efficiency with which the Elementary Education (Defective and Epileptic Children) Act—which is now merged in Part V. of the Education Act, 1921—is administered. The

early recognition through the Local Education Authorities of all defective children and their appropriate treatment constitutes a first line of defence both for the individual and the community, and, if defective children are scientifically studied and carefully trained, it is found possible to distinguish those who will need further care and protection from those who will benefit sufficiently by special training to become self-standing and able to manage themselves and their affairs. Unfortunately the war and the consequent financial restrictions have prevented the Elementary Education (Defective and Epileptic Children) Act from being brought into complete operation. The last available figures in the Annual Report of the Chief Medical Officer of the Board of Education show that some 16,000 mentally defective children are being dealt with in Special Schools out of an ascertained number of 31,000. The statistics of the After-Care Committee which has been the longest time at work (20 years) and has followed up 2,600 cases, show that only 28 per cent. of children who pass through Special Schools become self-supporting, and that all the others need some measure of support and protection and care. It will be observed that most of the other 15,000 mentally defective children for whom no Special Schools have been provided will drift out from ordinary Elementary Schools into the general population without being notified under the Mental Deficiency Act, and are, therefore, however much in need of care, not "subject to be dealt with" until some disaster brings them within its provisions.

The restrictions on public expenditure seem likely to prevent the increase if not even to curtail the number of children admitted to Special Schools, and as the Local Education Authorities are apparently under no legal obligation to notify feeble-minded children leaving ordinary Elementary Schools, numbers will leave at 14 without a chance of further help and care. We repeat that the chief means of making the Mental Deficiency Act really effective in the prevention of degradation and disaster to the feeble-minded and expense to the community is the thorough and scientific working of the Elementary Education (Defective and Epileptic Children) Act. If for financial reasons the work of this Act has to be curtailed, it is highly desirable that some temporary arrangement should be made whereby defective children needing control between the ages of 7 and 16 could be brought under the protection of the Mental Deficiency Act and properly supervised. Co-operation between the School Medical Officer and the Medical Officers of the Statutory Committees for the Care of Defectives might do much towards securing continuous care, but, in order to obtain some further protection, it would seem desirable that the Local Education Authority should as a regular practice inform the Local Authority of any defective child leaving or excluded from an Elementary School. It would be an advantage, at any rate during the deficiency of accommodation in special schools if the Local

Education Authority had a duty to notify feeble-minded children who are not suitable for ordinary elementary schools.

(2) *The Local Authority and the Poor Law Authority.*—The next effort to obtain continuity of care by the provisions of the Mental Deficiency Act occurs in relation to cases who are constantly drifting in and out of Poor Law Institutions. Section 30, Proviso ii, provides a means whereby a defective who needs continuous care may be transferred to the Local Authority and sent to a suitable Institution. Shortly stated, the procedure, which is under review, is as follows :—

The Poor Law Authority must report the case to the Ministry of Health who will bring it to the attention of the Board of Control, who, if they can satisfy themselves that the Local Authority is willing and able to make provision for the defective, will issue a certificate which excepts the defective from the jurisdiction of the Poor Law, and the Local Authority is thereafter responsible for the defective's control and maintenance.

This procedure is unnecessarily complicated and lengthy. It involves correspondence between two central and two local bodies, and it has moreover an element of uncertainty which discourages Poor Law Guardians from putting it into effect. The Local Authority is sometimes unable through want of accommodation and sometimes unwilling to assume responsibility, and it is not infrequently found that before all the formalities are completed defectives, whom it is desired to protect, have taken their discharge from the Poor Law Institution. As an illustration of the great need for a better link between the two Local Bodies concerned, we give the following quotations from a review of the Conditions of Defectives in Poor Law Institutions, which we published in 1919 :—

“ In 12 Workhouses in one part of England 42 mentally defective women were noted as cases in urgent need of control—twenty-three of these have had between them at least 51 children, two being pregnant at the time of the report; nineteen had not at present had children.

“ In three cases the ages are not stated, but the remaining 37 cases can be grouped as follows :—

6	are over 15, but under 20	These have had 12 illegitimate
12	„ 20, „ 30	children.
8	„ 30, „ 35	These have had 25 illegitimate
2	„ 35, „ 40	children.
9	„ 40, „ 50	These have had 12 illegitimate
		children.

“ Twenty-eight at least of these women are still of child-bearing age, so that, judging from their past history, many more births must be expected unless their certification and detention

can be secured. The following four cases found in one workhouse show the strong probability of further increase :—

A mentally defective woman, age 33, with four illegitimate children.

A mentally defective woman, age 31, with six illegitimate children.

A mentally defective woman, age 25, with five illegitimate children.

A mentally defective woman, age 20, with one illegitimate child.

“The third woman in this group is again pregnant and all are young enough to have several more children.

“In another Workhouse in the same group three mentally defective women were found each with two illegitimate children, and the Commissioner reports that two of these women are “bent on taking their discharge.” Three out of the 19 women who have not at present had children are reported as indecent and sexually depraved.”

At another time the Commissioners say “One woman was reported to us as having had nine illegitimate children, six of whom were born in the House. We noted three cases of girls only 17 years of age with illegitimate children. One of these was pregnant for the second time, and one was certainly a certifiable imbecile, so defective that she could not wash and dress her baby. We have found a young mother and her baby undergoing treatment for venereal disease; she had come from the streets of a University town. We have found more than one instance where three generations of mentally defective persons are or have been inmates of the same Workhouse, and there are many cases of feeble-minded children whose feeble-minded mothers and brothers and sisters are also inmates. We have found feeble-minded epileptics with illegitimate children, and in one case it is recorded that the child was also epileptic. The powers of the Poor Law Authorities have hitherto proved entirely insufficient for the protection of these mentally defective women. The treatment extended to them has been spasmodic and not continuous. It does not prevent them from becoming morally and physically degenerate, neither can it always secure the adequate and continuous care of their children.”

These instances, combined with the knowledge that a very large number of defectives come in touch with the Poor Law at an early period in their lives, show the desirability of trying at this stage to secure continuity of care and control. Hitherto only a comparatively small number have been dealt with under this section. Even without further legislation much might be effected by more complete co-operation between the Medical Officer of the Statutory Committee for the Care of Defectives and the Medical Officer of the Poor Law Institution. We have already suggested that a routine procedure should be established.

whereby the Local Authority should always be informed when defectives leave a Poor Law Institution, they could then be kept under supervision in order that help might be forthcoming if necessary. We hope that this suggestion will be more fully carried out in future. But to secure real continuity of care the transference of responsibility to the Local Authority should be made as simple as possible. In 1916 we suggested that the Guardians should be able on their own initiative to apply to a Justice for an Order for the detention of a defective in a Poor Law Institution on the analogy of section 24 of the Lunacy Act 1890 with respect to insane persons in Workhouses. Such an order might be made on two medical certificates and should have attached to it all the practical safeguards of the Mental Deficiency Act as to continuation, visitation, &c., while power of discharge and transference to another Institution should be vested in our Board. Any legislation in this direction might be treated as a temporary measure necessitated by the present financial restrictions of the provision by Local Authorities of new accommodation and could be limited in time, though renewable by Parliament if desired.

It is important to remember that the administrative difficulties referred to are such as must necessarily follow the initial stages of carrying out the provisions of the Mental Deficiency Act, and that the public owe a debt of gratitude to a large number of Boards of Guardians for consenting to receive and care for the mentally defective patients sent to them by Local Authorities.

(3) *The Local Authority and Visiting Committees of Mental Hospitals.*—The idea of continuity of care may be traced again in section 16, which provides for transferring a defective who has recovered from an attack of insanity from a Mental Hospital to an institution for defectives. Very little use has at present been made of this section. The Mental Hospitals still contain large numbers of congenital cases who could be better dealt with in institutions for the feeble-minded. This is partly due to the want of such accommodation, but not wholly, as there are still vacancies in Certified Institutions approved under section 37 of the Act. It is also due to Visiting Committees not appreciating their powers under this section and to lack of complete co-operation between the Visiting Committees and the Local Authorities. Consequently a number of congenital defectives are discharged from Mental Hospitals and, though probably all do not require further Institutional care, it would be an immense advantage if they could be brought into touch with the Local Authority and placed under friendly observation or supervision, a procedure which would tend to prevent a return to the Mental Hospital. In order then to link up the means of affording such cases help and care and to secure continuity the Medical Superintendent or the Visiting Committee of the Mental Hospital should inform the Local Authority of the discharge of mental defectives from Mental Hospitals.

A case was brought to our notice recently of an unmarried defective who was certified as insane and sent from a Poor Law Institution to a Mental Hospital after the birth of her first child. She was subsequently discharged from the Mental Hospital, again became pregnant and had to be re-admitted to the Poor Law Institution.

(4) *The Local Authority and Criminal Courts, Prison Service, Reformatories and Industrial Schools.*—A valuable amount of protection and care can be afforded to defectives by sections 8 and 9. These provide a procedure whereby mentally defective persons proved guilty of offences may, in lieu of sentence, be sent to an Institution or placed under guardianship, and whereby defectives detained in a Reformatory or Industrial School or undergoing sentence in prison may be transferred to a Certified Institution.

Action taken under these sections is unfortunately often too late to prevent young persons from contracting anti-social and vicious habits, but it may be in time to prevent them from becoming habitual criminals, and in the case of youthful offenders it affords an early starting point for the continuous care for which their mental condition calls.

At the close of 1922 the number of cases remaining in Institutions who had been dealt with under sections 8 and 9 was 1,312. This figure represents a gradual accumulation since the year 1914, but we have no particulars of the total number of such cases admitted since that date.

It is difficult to form an idea as to the proportion this number (1,312) bears to the actual number of mentally defective criminals, but it is interesting to observe that the medical investigators appointed by the Royal Commission estimated that at least 10 per cent. of the prison population were mentally defective. This estimate was made after the examination of the inmates of prisons during a given period and is based on the number of defectives found during that period. It does not give any idea of the existing number of criminal aments who did not happen to be undergoing a sentence at the time of the investigation. Dr. Tredgold approaches the matter from a different standpoint. He says that 10 per cent. of the defectives discovered by his investigation in Somersetshire evinced "pronounced criminal and anti-social tendencies." Taking this as a basis for an estimate he concludes that in 1906 there were probably between 12,000 and 13,000 criminal aments in England and Wales.

As the 1,312 cases shown in our returns include Industrial School cases and are also the accumulation of eight years we may fairly conclude that there are still a large number of criminal defectives not yet dealt with under the Mental Deficiency Act. We think, however, that this figure indicates a slow but steady advance in the use made of section 9, but it is evident that many aments are discharged from prison without the protection which the Act affords. Here again a great deal might be done by

further co-operation between the Medical Officers of the Prisons and the Medical Officers of the Local Authorities. If for any reason an order under section 9 is not made the Local Authority should be informed of the discharge so that the defective could be kept under supervision and prevented if possible from a return to criminal courses.

Ascertainment.—Under section 30 (a) of the Mental Deficiency Act it is the duty of the Local Authority to ascertain what persons within their area are defectives “subject to be dealt with.”

In our Report for 1919 we went at some length into the returns of the Local Authorities as to the numbers of defectives and we stated that the difference in the percentage of defectives ascertained in the various districts was so great that any average taken on all the returns would be misleading. The same is true to-day. Some authorities have not ascertained a single case while the greatest proportion ascertained in any one area is 3·50 per thousand. We can only conclude that in some districts the search for defectives has either not been made, or made in a perfunctory manner. Though no reliable estimate can be given for the whole population the following figures are of interest.

We have selected five Urban and five Rural areas in which the largest proportions of defectives have been found. The five Urban areas have a combined population of 3,500,681. The total number of defectives ascertained is 5,793 or a ratio of 1·65 per thousand. The five Rural areas have a combined population of 1,214,730. The total number of defectives ascertained is 2,286 or a ratio of 1·88 per thousand. If similar proportions obtain in the whole of England and Wales as in the above ten areas, the estimated number of defectives to be ascertained works out at 64,783.

This is still far below the figures given by the Royal Commission who estimated that there were 149,628 defectives, 66,509 of whom were in urgent need of further provision. But it is difficult to compare these figures for the following reasons—(1) the Royal Commission's estimate included all defective children, whereas feeble-minded children between the ages of 7 and 16 do not come within the jurisdiction of the Local Authorities, though it is probable that some have been included in the returns. As has been stated above the report of the Board of Education shows that 31,000 school children have been ascertained to be mentally defective, but this is undoubtedly far below the number that actually exist. (2) The Royal Commission's findings included a large number of defectives in Poor Law Institutions. These are not “ascertainable” under the Mental Deficiency Act, but it is known that a very large number of the inmates are mentally defective and to these must be added those in receipt of outdoor relief.

The total number ascertained by Local Authorities on January 1st, 1922, was 25,470 or 0·67 per thousand of the population. The conclusion we come to is that a very large number of defectives

exist for whom the Mental Deficiency Act has not yet provided any measure of training and protection, and we would urge Local Authorities to fulfil their statutory duties of ascertainment and supervision.

Supervision.—Section 30 (b) imposes on Local Authorities the duty of providing “suitable supervision” for defectives who have been ascertained to be subject to be dealt with under the Act. The manner in which and the extent to which this duty has been carried out leave much to be desired. Some Local Authorities have actually no cases under supervision while others are making great use of this method of protection and care.

The latest available figures show that 9,854 defectives were under Statutory supervision on January 1st, 1922. It is difficult to determine how far this supervision is effective in affording adequate protection and we have reason to believe that its usefulness varies enormously with the personal equation of the supervisor. The usual method is to secure periodic visits to the defective at home, and reports of these visits are presented to the Local Authority. Sometimes the Local Authority employs a visitor engaged directly for the purpose and sometimes delegates the whole of the supervision of defectives to a Voluntary Association. We know instances of both methods which are successful. In other instances we find that Local Authorities rely on visits made by male officers of other Authorities not specially selected for the purpose, and we do not think that these visits are likely to secure the maximum amount of good results. We think the visitors should, as a rule, be women, who should be specially selected as likely to have a sympathetic understanding of the conditions of the homes and a knowledge of the mentally defective. Whenever possible, these women should be given a short course of training such as that organised by the Central Association for Mental Welfare, and where Local Authorities agree to defray, or contribute towards, the cost, the Board will allow the expenditure to rank for grant. The importance of obtaining for this work persons of good judgment and with the requisite experience cannot be over estimated, particularly when we remember that it becomes their duty to report to the Local Authority whenever “supervision affords insufficient protection” and that therefore guardianship or institutional care is advisable. It is of primary importance that the confidence of the parents should be gained and to do this visits must be frequent and conducted with the greatest tact and sympathy.

The establishment of Occupation Centres for defectives who live at home has undoubtedly proved of great value in the provision of suitable supervision. These centres provide simple manual and physical training and aim in the first place at the cultivation of cleanly and orderly habits. Children who have been thought absolutely helpless have been taught to use their hands and others have been cured of destructive habits and had their energies diverted to a useful direction. They learn to

understand and obey simple commands and to perform many necessary personal and household duties. When obedience and orderly habits have been induced, it is then possible to proceed to manual work and occupations and in some instances saleable articles have been produced. At some centres it is usual to invite the parents to attend and much good is effected by showing them how to carry on the training when the children are at home. On all sides we hear how greatly these centres are appreciated by the parents and how much easier it has become to gain their confidence when their children are in attendance.

At the present time, mainly through the action taken by the Voluntary Associations for the care of defectives, some 20 Centres have been established and next year we shall be able to report a great increase in the number. We expect that the regular occupation and training afforded by this form of supervision will tend to decrease the number of cases who will ultimately have to be sent to an Institution.

Guardianship.—Section 30 (d) imposes on Local Authorities the duty of making provision for the Guardianship of defectives. This is a means of protection and care for those under Order, but whose condition does not call for Institutional treatment. At the close of 1922 there were only 370 under Guardianship, showing that comparatively little use had been made of this form of treatment. The reasons which deter Local Authorities from taking this course appear to be, firstly, the difficulty of finding suitable guardians, and, secondly, the belief that if a defective is suitable for family life, supervision at home will afford sufficient protection. There is much evidence to show that this is incorrect. There are a number of defectives who have no home and many others whose homes are most unsuitable and whose parents are unable to exercise adequate control. We regret that there has been no organised effort to increase the number of cases dealt with by Guardianship and we commend to the attention of the Local Authorities the experimental work of the Brighton Guardianship Association. It would be possible for a large Local Authority, either through their own officers or through a Local Voluntary Association, to organise a Guardianship scheme somewhat on the same lines. The essential features would be a wise choice of homes, of suitable cases and of trained visitors who would keep in close touch with the defectives and report on their progress, mental and physical condition, and on any change in their surroundings or behaviour which might indicate the advisability of a transfer to an Institution. Transfer from Guardianship to a Certified Institution is a simple matter and can be effected under Section 7 by a variation of the order.

While discussing Guardianship we wish to draw attention to the desirability of an amendment to Section 7 of the Act. Though this section enables a defective under Guardianship to be transferred to a Certified Institution by a variation of the order, there is no corresponding power to vary the order of a defective in an

Institution and transfer to Guardianship. The want of such a power creates a constantly recurring difficulty and militates against the whole spirit of the Act, which was intended to prevent defectives from being detained in institutions longer than is necessary. An adult defective, after some years training in an Institution, may be in such a condition as to justify a trial under a less rigorous measure of control. He has reached a stage at which, though still mentally a child, he is a docile and obedient child, and one who could be adequately protected and controlled under Guardianship. Complete discharge would be disastrous, for with his childish mind, he would be incapable of initiative and of competing on equal terms with normal people. Such persons manifestly cannot manage themselves or their affairs. The power to vary the order would enable many such cases to be transferred to a form of community life and would secure for them a freer and more independent existence. This step is not taken, because it involves discharge from the existing order and the necessity of bringing a new petition and obtaining new certificates and a new order. It is not surprising that the Local Authority and the relatives are averse from the trouble, expense, and publicity of taking this action. The consequence is further and unnecessary institutional treatment.

Provision of Institutional Accommodation. (Section 30 (c)).— This is at once the most onerous and most valuable of the duties imposed on Local Authorities by the Act. Unfortunately it is one which it is impossible for the present to carry out efficiently owing to the severe financial restrictions consequent on the war. However much we seek to provide other and less expensive forms of care and treatment, such as Supervision and Guardianship, both of which we think should be organised and developed as far as possible, there will always remain large numbers of defectives whose condition calls urgently for institutional treatment, both in their own interests and in the interests of the community.

Although further increase of accommodation is restricted for the present, it will be interesting to make a brief reference to the progress which has taken place since the 1st April 1914 when the Mental Deficiency Act of the previous year came into complete operation. The accommodation then existing was probably about 3,000 beds, which had been provided by charitable and voluntary effort. The existing accommodation at the present time is as follows :—

In the State Institution	-	-	-	368
„ Certified Institutions	-	-	-	11,232
„ Certified Houses	-	-	-	330
„ Approved Homes	-	-	-	379
„ Approved Poor Law Institutions				
(Section 37)	-	-	-	6,953
Total	-	-	-	19,262

The figures as to the amount of accommodation in Poor Law Institutions are somewhat misleading. They show the number of beds covered by certificates of approval, but some of these beds are not always available; it may happen that when required for mental defectives they may have been unavoidably filled by ordinary inmates. Some of the Poor Law Institutions limit the defectives they will receive to those belonging to their own Union, with the result that even if vacancies exist, they cannot be filled. It must also be remembered that Poor Law Institutions are, with a few exceptions, only approved for adults, and in our opinion are only suitable for a certain limited class of defectives. They can seldom provide sufficient training and employment, and life in any institution not specially provided for the purpose is necessarily confined and monotonous. A large proportion of this accommodation, therefore, can only be regarded as a temporary provision pending the establishment of suitable Colonies. When we turn to the ordinary Certified Institutions, we find that vacancies are very difficult to obtain, and that most of the Institutions have a long waiting list. The accommodation therein available on 1st January 1923 was for 11,232 cases, and there were resident at that date 7,891, dealt with under the Mental Deficiency Act, and 2,126 other cases, totalling 10,017 in all, thus leaving only 1,215 vacancies. These are nearly all confined to one or two large and recently opened Institutions and are, generally speaking, only available for cases from the surrounding district.

Only 14 of the existing 126 Local Authorities have institutions of their own, the others are dependent on charitable and philanthropic efforts or on Poor Law Institutions. No new institutions have been opened by Local Authorities during 1922, but The Manor (London County Council) and Calderstones (Lancashire Asylums Board) have both admitted a large number of patients.

Numbers under Care.—The summary of mentally defective patients under care, appearing on the following page, shows that on the 1st January, 1923, they numbered 15,786 (males, 7,283; females, 8,503).

Compared with the numbers on the same date a year previously, there was an increase of 6 in State Institutions, of 1,504 in Certified Institutions, of 339 in Poor Law Institutions (approved under Section 37), of 57 in Certified Houses, of 27 in Approved Homes, and of 43 under Guardianship, making a total increase of 1,976 patients under care. The increase in the numbers would no doubt have been materially greater but for the fact that Local Authorities were informed that, owing to the pressing need for economy, only "urgent" cases should be dealt with.

As regards the patients in the various branches of the Metropolitan Asylums Board Certified Institution, the figures include only those who are dealt with under the Mental Deficiency Act.

SUMMARY of MENTALLY DEFECTIVE PATIENTS on 1st January 1923.

(Registered by the Board of Control.)

Where maintained.	Received under the Mental Deficiency Act, 1913.										Received outside the Mental Deficiency Act, 1913.				Total of all Mental Defectives.			
	Under Orders (secs. 5-9).				Not under Orders (sec. 3).		Total.											
	Non-criminal.		Criminal.		M.	F.	M.	F.	T.	M.	F.	T.	M.	F.	T.			
	M.	F.	M.	F.														
	In State Institution -	25	65	160	76	3	2	188	143	331	—	—	—	188	143	331		
In Certified Institutions -	2,063	3,039	532	233	1,299	725	3,894	3,997	7,891	860	1,266	2,126	4,754	5,263	10,017			
In Approved (sec. 37) Insti- tutions.	1,591	2,250	248	63	94	145	1,933	2,458	4,391	—	—	—	1,933	2,458	4,391			
In Certified Houses -	—	9	—	—	109	106	109	115	224	12	39	51	121	154	275			
In Approved Homes -	—	—	—	—	—	—	—	—	—	134	179	313	134	179	313			
Under Guardianship or Notified	112	235	—	—	12	11	124	246	370	29*	60*	89*	153	306	459			
Total -	3,791	5,598	940	372	1,517	989	6,248	6,959	13,207	1,035	1,544	2,579	7,283	8,503	15,786			

* Notified cases (sec. 51).

STATE INSTITUTION.*

In February 1922 the Institution at Farmfield which had been used for the temporary accommodation of female defectives of violent and dangerous propensities was closed and the patients were transferred to the Rampton State Institution. The accommodation there consists of 220 beds for men and 148 for women. The numbers in residence on December 31st, 1922, were 188 men and 143 women. As these patients are nearly all of the type who need long and continuous care, an excess of admissions over discharges must be expected, and at the present rate of increase the available accommodation will shortly be exhausted. We have, therefore, considered plans for the enlargement of the Institution, and a building scheme has been adopted and is being gradually carried out.

Particulars with regard to this Institution and to the condition, treatment and employment of patients will be found in a report from Dr. Rees Thomas, the Medical Superintendent, in Appendix D.

Dr. Rees Thomas has now the assistance of Dr. C. H. G. Gostwyck, M.B., F.R.C.P., who was appointed as assistant Medical Officer in December last.

CERTIFIED INSTITUTIONS.†

Admissions.—The admissions to certified institutions during 1922 were 2,583, an increase of 567 over those in the preceding year. Their sex distribution was fairly equal, the males numbering 1,338 and the females 1,245.

Discharges.—The patients discharged or removed from certified institutions during the year numbered 872—males 464 and females 408, representing a reduction of 53 on the figures for 1921. They represented 9·4 per cent. of the population of these institutions, as compared with approximately 12 per cent. in 1921.

Last year we pointed out that we were greatly concerned as to the future welfare of the patients discharged, and we indicated that discharges “do not, as a rule, take place because the patient has improved mentally or is considered capable of independence and self-support,” and we therefore emphasised the urgent necessity for organised after-care. We have taken certain steps which we hope will result in every discharged case being followed up and helped as far as possible, and next year

* An institution for defectives of dangerous or violent propensities established and maintained by the Board of Control under the provisions of section 35.

† An institution certified by the Board of Control under section 36 for the reception of defectives.

we shall be able to give some account of the success or failure of this system and to estimate whether or no these discharges have been advisable.

Deaths.—The deaths in certified institutions during 1922 numbered 207, being about 2·2 per cent. of the daily average number of patients resident; this was 0·8 per cent. higher than in the preceding year. Sixty-one deaths, nearly 30 per cent. of the total, were due to tuberculous disease in all forms, 26 per cent. being pulmonary, 23 per cent. were due to pneumonia, nearly 6 per cent. to epilepsy, and nearly 10 per cent. to heart disease. The remaining deaths were attributable to a variety of causes, none being of sufficient prominence to call for special comment.

Particulars concerning cases under care on January 1st, 1923.

The changes detailed in the foregoing paragraphs—admissions, discharges and deaths—during 1922, resulted in a population of 10,017 in certified institutions on January 1st, 1923—1,504 in excess of those resident a year previously. The distribution of these cases—according to the conditions under which each was received—is as follows :—

	Males.	Females.	Total.
Received under the provisions of the Mental Deficiency Act - - - - -	3,894	3,997	7,891
Received outside the provisions of the Mental Deficiency Act :—			
Sent by Local Education Authorities - - - - -	324	225	549
Sent under the Children Act, 1908 - - - - -	109	53	162
Sent by Poor Law Authorities - - - - -	376	787	1,163
Sent by Relatives or others - - - - -	51	201	252
Total - - - - -	4,754	5,263	10,017

It is again evident that the proportion of patients in certified institutions, who are sent there under the provisions of the Mental Deficiency Act, as compared with the proportion sent by Boards of Guardians or others, *i.e.*, outside the Act, is steadily increasing :—

Year.	Under the provisions of the Act.	Outside the Act.	Total.	Percentage under the Act.
1917	4,242	2,147	6,389	66·4
1918	4,493	2,084	6,577	68·3
1919	5,063	1,948	7,011	72·2
1920	5,551	1,870	7,421	74·8
1921	6,574	1,939	8,513	77·2
1922	7,891	2,126	10,017	78·8

CERTIFIED HOUSES.*

The close of the year found 275 persons under care in Certified Houses—admitted under the following conditions :—

Number of Patients on 1st January, 1923.

—	Males.	Females.	Total.
Received under the provisions of the Mental Deficiency Act - - - - -	109	115	224
Received outside the provisions of the Mental Deficiency Act:—			
Sent by Poor Law Authorities - - -	9	23	32
Sent by Relatives or Others - - -	3	16	19
Total - - - - -	121	154	275

The above table shows an increase of 57 on the total number of patients in these houses a year previously. All cases received under the Mental Deficiency Act (except 9 cases under Order) were “placed” under Section 3.

APPROVED HOMES.†

Number of Patients on 1st January, 1923.

—	Males.	Females.	Total.
Sent by Poor Law Authorities - - -	6	89	95
Sent by Local Authorities - - -	—	1	1
Sent by Relatives or Others - - -	128	89	217
Total - - - - -	134	179	313

On January 1st, 1923, there were 19 of these homes in existence, with total accommodation for 379 patients, and the numbers under care showed an increase of 27 on the preceding year.

* A certified House is one in which defectives are received by the owner thereof for his private profit, and in respect of which a certificate has been granted by the Board of Control under section 49.

† An Approved Home is one in which defectives are received and supported wholly or partly by voluntary contributions or for private profit, and in respect of which approval has been granted by the Board of Control under section 50.

DEFECTIVES IN SINGLE CARE.

The number of Defectives in Single Care on 1st January 1923, was :—

—						Males.	Females.	Total.
Number on 1st January, 1922—								
Under Orders - - - - -						103	199	302
“ Placed ” (Sect on 3) - - - - -						15	9	24
Notified - - - - -						26	64	90
Changes in 1922—								
Direct Admissions - - - - -						35	75	110
Admitted from other care - - - - -						15	37	52
Discharged { Relieved - - - - -						6	4	10
{ Not Improved - - - - -						6	11	17
Transferred to other care - - - - -						26	59	85
Died - - - - -						3	4	7
Number on 1st January, 1923—								
Under Orders - - - - -						112	235	347
“ Placed ” (Section 3) - - - - -						12	11	23
Notified - - - - -						29	60	89
Total - - - - -						153	306	459

The above figures show an increase of 43, *i.e.*, an increase of 45 under orders, and a decrease of one each in the number of “ placed ” and notified cases, as compared with the previous year.

MENTALLY DEFECTIVE PATIENTS IN POOR LAW INSTITUTIONS.*

The number of defectives dealt with under the Mental Deficiency Act, 1913, who were in Poor Law Institutions on 1st January 1923 is shown in the subjoined table :—

—					Males.	Females.	Total.
Under “ Orders ” - - - - -					1,839	2,313	4,152
“ Placed ” (section 3) - - - - -					94	145	239
Total - - - - -					1,933	2,458	4,391

* The numbers of insane persons in Poor Law Institutions will be found on page 35.

The total accommodation provided for defectives under the Mental Deficiency Act in Poor Law Institutions may conveniently be shown under the following heads :—

(a) In Poor Law Institutions	- - - - -	4,311
(b) In Special Poor Law Institutions, <i>i.e.</i> , Seafield House, Birmingham Certified Institution (Monyhull Colony and Erdington) and Prudhoe Hall and ancillary premises	- - - - -	1,002
(c) The accommodation actually being utilised (on the 1st January 1923) in the Institutions of the Metropolitan Asylums Board :		

	Males.	Females.	
Darenth	- - - 228	302	
Leavesden	- - - 169	103	
Caterham	- - - 349	190	
Fountain	- - - 125	174	1,640

Total amount of accommodation now provided	-	6,953
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We regret to state that some mentally defective children are still to be found in Poor Law Institutions where it is not practicable to separate them from the adults or to provide them with suitable training. This is especially to be deplored in the case of boys, and it is highly desirable that such cases should be brought to the notice of the local authority with a view to their removal to suitable institutions.

We note with pleasure further efforts on the part of Poor Law Guardians and the Central Association for Mental Welfare to secure further occupation and training for defectives in Institutions approved under section 37.

The foregoing review of the present situation shows that in spite of the severe drawbacks caused by the war a fair amount of progress has been made. It points out the urgent need of further co-operation between the various local bodies and between the different Medical Officers of the Services who come into contact with mentally defective persons. It shows further that certain amendments of the Mental Deficiency Act of 1913 would greatly facilitate the continuous care and protection of defectives, but that even without further legislation a great deal in this direction might be effected.

Research into Causes of Mental Disorder and Defect.

Birmingham Joint Board of Research.—It has long been realised that there is an urgent necessity for co-ordinated research into the basal causes of mental disorder; but in the absence of legislative permission, Local Authorities are pre-

cluded from collaborating with this object. As a step towards this end, we were very glad to learn of a proposal to constitute in Birmingham a Joint Board of Research into causes of mental disorder consisting of representatives of the University and of the City Mental Hospital Committee. Sir Frederick Mott, K.B.E., F.R.S., has been appointed Director of Research with an honorarium, and to hold the Lectureship of Psycho-Therapy in the University for a period of three years—Sir Charles Hyde, Bart., who founded the Lectureship, having given his consent to a temporary modification of its subjects. The Laboratory and Centre of Research will at first be at Hollymoor Mental Hospital; but it is intended, when more space is available, that the Research Laboratory should be in the University, and it is hoped that adjacent County Authorities will join in the development of this scheme of Research. The Joint Board is under the Chairmanship of Sir Gilbert Barling, Bart., C.B. (Vice-Chancellor of the University), and the Medical Superintendent, Dr. T. C. Graves, F.R.C.S., has a seat on it. In addition to Sir Frederick Mott, it is intended that at first there shall be one full-time Medical Officer who will devote his whole time to laboratory work with the help of a competent Technical Assistant.

Future Research Centres and Clinical Laboratories.—It is our hope and we shall do all in our power towards its fulfilment, that similar or, according to local requirements, at least corresponding Research Centres will be instituted in connection with each University in England and Wales, and that with each of these centres will be conveniently grouped and affiliated every neighbouring institution in which mental cases are received. The function of these Centres, besides the important link they will furnish between other branches of Medicine and the Psychological branch, should be research and such other work as cannot be expected to be undertaken in a comparatively small Clinical Laboratory. As to this latter provision, which now exists in a considerable number of mental hospitals but by no means in all of them, it is our strong opinion that no mental hospital should be without a laboratory; and that arrangements should obtain whereby, either by a member of the resident medical staff or by the part-time services of a visiting Medical Officer, work will be systematically prosecuted in these laboratories, not only supplementary to post-mortem examinations, but especially in aid of routine clinical investigation. Further, with the institution of Research Centres, we hope to see, and should ourselves desire to promote, the development of mutual co-ordination between them whereby interchange of information would be facilitated, results usefully compared, and needless duplication of effort would be avoided.

Research Work during 1922.—In accordance with our custom in previous years, but on this occasion somewhat more fully,

we have included in a Supplement the reports of scientific research work which have been furnished to us from a number of the Mental Hospitals. Though the list does not purport to cover all the work in progress at these institutions, it is a gratifying testimony to the increasing attention which is being given to the scientific side of the work of these hospitals.

BY ORDER OF THE BOARD,

(Signed) F. J. WILLIS,
Chairman.

(Signed) O. E. DICKINSON,
Secretary.

6th June 1923.

SUPPLEMENT TO REPORT.

SCIENTIFIC RESEARCH WORK IN MENTAL HOSPITALS IN 1922.

- I.—*From the Pathological Laboratory of the London County Mental Hospitals.*
Report by Sir FREDERICK MOTT, K.B.E., LL.D., M.D., F.R.C.P., F.R.S. P. 59.
- II.—*From the Cardiff City Mental Hospital.*
 1. Report on Brain Researches. By Dr. E. GOODALL, C.B.E., F.R.C.P., Medical Superintendent. P. 63.
 2. Report on research carried out in the Chemical Laboratory. By Dr. R. V. STANFORD, assisted by A. H. M. WHEATLEY, B.Sc., A.I.C. P. 64.
- III.—*From the West Riding at Wakefield.*
Asylum Dysentery and Allied Infections (Fourth Post-War Report). By Dr. J. SHAW BOLTON and Dr. M. J. McGRATH. P. 65.
- IV.—*From the Lancashire County at Rainhill.*
 1. The incidence of Syphilis in Mental Cases. By Drs. A. D. BIGLAND, PHŒBE M. BIGLAND, J. FLANAGAN, E. F. REEVE and G. A. WATSON. P. 73.
 2. Pellagra. By Dr. G. A. WATSON. P. 74.
 3. Dysentery. By Dr. E. F. REEVE and Dr. G. A. WATSON. P. 76.
- V.—*From the Lancashire County at Whittingham.*
Clinical and Pathological Investigations. By the Medical Officers of the Institution. P. 77.
- VI.—*From the Lancashire County at Prestwich.*
Toxic-infective Lesions in the Central Nervous System. By DAVID ORR, M.D., Deputy Medical Superintendent. P. 82.
- VII.—*From the London County at Horton.*
Clinical and Pathological Investigations. By Dr. J. J. GASPERINE and Dr. G. F. PETERS. P. 82.
- VIII.—*From the County Mental Hospital, Stafford.*
Infection in Mental Hospitals with special reference to floor treatment. By Dr. B. H. SHAW. P. 83.
- IX.—*From the Chester County at Parkside.*
Original Research Work. By Dr. P. B. MUMFORD, Visiting Pathologist, and Dr. G. G. PARKIN, Deputy Medical Superintendent. P. 83.
- X.—*From the Birmingham at Rubery Hill.*
Colloidal Calcium in Malnutrition, Chronic Sepsis, and Emotional Disturbance. By T. C. GRAVES, B.Sc., M.D., F.R.C.S., Medical Superintendent. P. 83.
- XI.—*From the Dorset County Mental Hospital.*
 1. A case of Insanity associated with Pregnancy and Exophthalmic Goitre. By Dr. G. E. PEACHELL, Medical Superintendent. P. 84.
 2. B. coli Infection in Mental Hospitals. By Dr. E. BARTON WHITE. P. 84.
 3. On the comparative advantages of the use of Bromides Luminal, Potassium Boro-tartrate (Fr.) and Colloidal Calcium in the control of Epileptics. By Dr. HERBERT SMITH. P. 84.
- XII.—*From the Herts County Mental Hospital.*
Observation on the treatment of Epilepsy with Borax and Bromide. By Dr. W. J. T. KIMBER, Senior Assistant Medical Officer. P. 85.

I.—FROM THE PATHOLOGICAL LABORATORY OF THE LONDON COUNTY MENTAL HOSPITALS, MAUDSLEY HOSPITAL, DENMARK HILL, S.E.5.

Report by Sir FREDERICK MOTT, K.B.E., LL.D., M.D., F.R.C.P., F.R.S.

The following work has been carried on at this laboratory : Publication of the " Archives of Neurology and Psychiatry," vol. VIII., which contained the following papers (those marked with an asterisk refer to work carried on in the laboratory during 1922) :—

1. The Morison Lectures, 1921. " The Psychopathology of Puberty and Adolescence." By Sir Frederick W. Mott (*Journal of Mental Science*, July, 1921).

2. The Maudsley Lecture, 1921. By Sir Frederick W. Mott (*Journal of Mental Science*, July, 1921).

3. Normal and Morbid Conditions of the Testes from Birth to Old Age in One Hundred Asylum and Hospital Cases. By Sir Frederick W. Mott (*British Medical Journal*, November 22nd, 29th, and December 6th, 1919).

4. Studies in the Pathology of Dementia Præcox. By Sir Frederick W. Mott (*Proceedings of the Royal Society of Medicine*, 1920, vol. XIII., Section of Psychiatry, pp. 25-63).

5. Further Pathological Studies in Dementia Præcox, especially in relation to the Interstitial Cells of Leydig. By Sir Frederick W. Mott (Part I.), and Miguel Prados y Such, M.D., Madrid (Part II.). *Proceedings of the Royal Society of Medicine*, 1922, vol. XV., Section of Psychiatry, pp. 1-30.

*6. The Reproductive Organs in Relation to Mental Disorders. By Sir Frederick W. Mott, *British Medical Journal*, 1922, I., 463.

7. Body and Mind : The Origin of Dualism. By Sir Frederick W. Mott. *The Lancet*, 1922, I., 1.

8. The Croonian Lectures on the Objective Study of Neurosis. By F. L. Golla, M.B.Oxon., F.R.C.P.Lond., *The Lancet*, 1921, II., 115, 215, 265, 373.

9. Lectures on Mental Defect and Criminal Conduct. By Sir Bryan Donkin, M.D., F.R.C.P., *The Lancet*, 1920, II., 979.

10. The Neurological Aspects of Shock. By Sir Frederick W. Mott, *The Lancet*, 1921, I., 519.

11. The Influence of Song on Mind and Body. By Sir Frederick W. Mott, *The Journal of Mental Science*, April, 1921.

12. Histological Examination of the Brains of Animals exposed to the Gamma Rays of Radium. By Dr. T. Morowoka, Kyushu University, Japan, and Sir Frederick W. Mott; Report of the Medical Research Council on the Medical Uses of Radium. Special Report Series, No. 62.

13. The Microscopical Examination of the Choroid Plexus in General Paralysis of the Insane, and other forms of Mental Disease. By Dr. T. Morowoka, Kyushu University, Japan. (*Proceedings of the Royal Society of Medicine*, 1921, vol. XIV., Section of Psychiatry, pp. 23-33).

*14. Typhoid Carriers in Mental Hospitals. By J. A. Gilfillan, M.D., Ch.B., D.P.M., and S. A. Mann, B.Sc., F.I.C.

*15. Preliminary Note on the Chemical Examination of the Testes. By S. A. Mann, B.Sc., F.I.C.

*16. Chemical Investigation of the Blood and Cerebrospinal Fluid in Epilepsy. By S. A. Mann, B.Sc., F.I.C.

*17. Metabolism in Epilepsy compared with the non-Epileptic as shown by Urinary Excretion. By E. G. B. Calvert, M.D., and S. A. Mann, B.Sc., F.I.C.

It will be inferred from this list of publications that the main portion of the investigations which have been carried on in the laboratory refer to the physiogenic origin of dementia præcox. Further investigations upon the brain, the reproductive organs, and certain endocrine glands, viz., the adrenal, the pituitary, and the thyroid, have been undertaken, which seem to establish the fact that this, the most common form of insanity, is genetic in origin. Furthermore, there is evidence to show that a presenile dementia may be a terminal phase of manic-depressive insanity, and of some cases diagnosed as confusional insanity. In such cases the same morbid histological changes may be found in the brain and were found in the reproductive endocrine systems of glands as were found in dementia præcox. Previous to 1922, a systematic investigation of the reproductive organs in 100 male and 100 female cases dying in hospitals and asylums had established the fact that there is a primary regressive atrophy of the testes and the ovaries in dementia præcox. A comparative investigation of the reproductive organs in general paralysis, an acquired disease, in which a similar regressive atrophy is not observed, supports the conclusion that dementia præcox is of primary genetic origin. I have continued these investigations in collaboration with other workers in the laboratory, and published the results in papers entitled "The Reproductive Organs in Relation to Mental Disorders," *British Medical Journal*, March 25th, 1922, and also in conjunction with Dr. Miguel Prados y Such, "Further Pathological Studies in Dementia Præcox, especially in Relation to the Interstitial Cells of Leydig," *Proc. Roy. Soc. Med.*, 1922, vol. XV. (Section of Psychiatry, pp. 1-30). The latter investigation included 27 cases of dementia præcox, the onset occurring in adolescence; also the results obtained in 9 cases of psychoses other than dementia præcox occurring in post-adolescence, and 4 cases of primary dementia, in which the demential symptoms came on in post-adolescence. These investigations showed that the interstitial cells as well as the spermatogenic cells undergo a regressive atrophy. From these investigations, and from others which I have been pursuing, I have come to the conclusion that it is better to speak of primary dementia, which may occur either in the pre-adolescent period, adolescence, or post-adolescence; moreover, I am of opinion that all the psychoses belong to one group and are genetic in origin. In those forms of psychoses in which recovery takes place—for example, confusional insanity or exhaustion psychosis, benign stupor, periodic insanity, or manic-depressive insanity—we may assume there is a suspension of neuron function in the highest psychic level; but all these conditions I have found may end in a terminal dementia, in which the changes in the reproductive organs and in the brain do not differ from those which I have described in the primary dementia of adolescence, the dementia indicative of a suppression of function. In the primary dementias, naturally, the symptoms may be partially due to a temporary synaptic dissociation, possibly of toxic origin, causing a suspension of function, and partially to a permanent synaptic dissociation causing suppression of function, and I would explain partial remission of symptoms by a partial restoration of function in neurones in which degeneration was either not present or not advanced.

I explain the absence of wasting of the brain in dementia præcox by the fact that there is no inflammatory meningo-encephalitis, as in general paralysis. The neurones undergo a primary progressive decay of the nucleus, cell body and dendritic processes, that is where oxidation processes and the chemical changes incidental to function occur. The conductile axons and their myelin sheaths in which little chemical processes occur, and which form the white matter, do not undergo degeneration. It would thus seem that the neurones still maintain sufficient vital energy to keep alive the axon, but not to transmit an impulse along it. Inasmuch as the white matter forms the great bulk of the brain, the absence of wasting can thus be accounted for. In support of the view that there is a genetic inadequacy of the cortical neurones, attention is drawn to the

fact that the highest psychological level, the anatomical substratum of which is the cerebral cortex, is phylogenetically and ontogenetically latest developed. Moreover, a study of the development of the human embryo shows that this great mass of neurones has its origin in relatively few of the protomeric cells of the primitive neural tube. In imbecility there is an arrest of development of the supragranular layer of pyramids, and I have investigated cases in which imbeciles have, at puberty, developed a primary dementia. Examination of the brain in such cases has shown a deficiency of supragranular pyramids, especially in the frontal cortex, which would account, as Bolton has shown, for their ineducability. But they have also shown the characteristic neuronie changes and neuroglia cell proliferation in both the supragranular and infragranular layers. It appears probable that the morbid changes in the polymorphic infragranular layers may, as Bolton has shown, be associated with a failure of the reproductive and vegetative functions. A genetic formative inadequacy of the reproductive organs, both in respect to the gonads and the internal secreting cells, may be correlated with these primary regressive atrophic changes of the cortical neurones. But seeing that the internal secretions of the reproductive organs directly, or indirectly, through the endocrine glands and autonomic nervous system, energise the whole body, it was desirable to pursue the investigation further. I therefore undertook the examination of 100 suprarenal glands of patients dying in military hospitals, general hospitals, hospitals for consumption, and mental hospitals, and in this work I have had the help of Mrs. Emslie Hutton, M.D. The work is now complete, and will shortly be published in the *British Medical Journal*. The investigation appears to show a primary regressive atrophy of the medulla adrenalis. The same atrophic cell changes in a large number of cases of dementia præcox observed, are not found in the glands of patients dying of general paralysis or of advanced tuberculosis. It is possible, therefore, that this morbid change may be correlated with certain clinical symptoms met with so frequently in this disease, viz., a low blood pressure, acrocyanosis, katatonia, stupor, anergy, and emotional indifference. I have also in course of completion the complete histological examination of the pituitary gland in a similar series of cases. In the work on the pituitary I have been assisted by Dr. Isabella Robertson. Regressive atrophic changes of the cells of the pars anterior have been found in the cases of dementia præcox. Similar changes have not been found in cases of general paralysis, death from injury, or disease in general hospitals, nor in cases of death from advanced tuberculosis.

The investigation of the thyroid gland is in course of progress, and in this work I am being assisted by Dr. Emma Mary Johnstone.

WORK DONE DURING THE PAST YEAR IN THE PATHOLOGICAL LABORATORY.

By Dr. F. L. GOLLA, F.R.C.P.

1. The investigation of the influence of mental conditions on the deep reflexes. This research was undertaken conjointly with Dr. Hettwer, of Harvard. By the use of electrical methods the magnitude and time relations of the deep reflexes were photographically recorded. It was found that affective states and mental effort profoundly influenced both the magnitude and the latent period of spinal cord reflexes. The results obtained furnish evidence of the influence exerted by mental states on reflex activity in the lower centres.

2. The influence of mental states on muscular tonus was further investigated, and the results obtained in the past two years were expanded and confirmed.

3. The physiology of muscular movement was studied by means of galvanometric and murephonic records. The results obtained are in

process of publication, and would appear to have an important bearing on the understanding of cerebral physiology. They show that the current theories of cortical localisation are inadequate to explain the infinite adaptability of cerebral innervation to varying requirements.

4. The physiology of the electrical response to affective states has been further studied and the time relations of the response under the influence of various drugs recorded.

5. The trimethylamine content of the cerebrospinal fluid is being estimated in various cases of insanity. Degenerative conditions show some increase.

6. The oxygen consumption during mental activity and at rest has been redetermined. The increase has, however, proved to be very slight.

7. The oxidation power of the body in dealing with various phenols is at present being studied, and with the methods at present elaborated a rapid clinical demonstration of the potential power of oxidation in various forms of insanity should be possible. The power of oxidising phenols in cases of dementia præcox is now being studied.

FURTHER WORK DONE AND NOW IN PROGRESS.

(1) By J. A. GILFILLAN, M.D., Ch.B., D.P.M., and S. A. MANN, B.Sc., F.I.C.

Typhoid Carriers in Mental Hospitals.—The incidence of typhoid at Long Grove Mental Hospital led to an investigation being undertaken in the laboratory of old typhoid cases and contacts with recent cases. The results reported in the last volume of the *Archives of Neurology and Psychiatry*, by Dr. Gilfillan and Mr. S. A. Mann, showed the presence amongst those cases examined of five possible carriers with infective periods varying up to eleven years. Three of these were old typhoid cases, and two amongst cases with no previous history of illness.

Since that report was published, owing to the occurrence of typhoid at Cane Hill Mental Hospital, all cases with a history of typhoid have been collected by Dr. McCowen, and their excretions have been repeatedly examined at the laboratory; the B. Typhosus has been isolated from the faeces or urine in eight cases. This work is still in progress.

(2) By A. A. W. PETRIE, M.D., M.R.C.P., D.P.M., and S. A. MANN, B.Sc., F.I.C.

The investigation of dysentery in mental hospitals, the bacteriological diagnosis of dysentery, and the possibility of detection of "carriers" by agglutination methods.

(3) By S. A. MANN, B.Sc., F.I.C.

1. Further work on the chemical examination of the brain, with special reference to the sulphur partitions in dementia præcox.

2. Study of urinary sulphur partition in relation to bodily oxidation processes in dementia præcox.

3. The chemical and physical examination of the cerebrospinal fluid in mental disease.

Dr. Barrada, of Cairo, has completed a histological investigation of a case of myasthenia gravis, and Dr. El Kholy, of Cairo, is at present investigating the condition of the endocrine glands and the nervous system in cases of Pellagra who have died in the Abbasia Asylum, Cairo.

II.—FROM THE CARDIFF CITY MENTAL HOSPITAL.

1. *Report on Brain Researches.* By DR. E. GOODALL, C.B.E., F.R.C.P.,
Medical Superintendent.

During the greater part of 1922 the laboratories here—pathological and chemical—have been utilized in a combined research (still in progress) with the aid of a grant from the Medical Research Council (supplemented by certain funds from private sources), to whom a full Report will be due later in the year. Engaged in this research are our Advisory Pathologist, Dr. Scholberg of the King Edward VII's Hospital, Cardiff, Dr. R. V. Stanford, Research Chemist, Mr. A. H. M. Wheatley, B.Sc., his assistants Dr. James Walker, Senior Assistant Medical Officer, Dr. R. Cameron, D.P.H., of Cardiff, and myself. This research is concerned with estimation of certain constituents, such as total N., non-protein N. (more especially urea), dextrose, chlorides (as Na. C. 1) in the blood, cerebro-spinal fluid, and urine, in cases from the Mental Hospital and King Edward VII's Hospital. These cases, hitherto, have been instances of epilepsy (in connection with the paroxysmal and inter-paroxysmal phases), renal cirrhosis and diabetes. The work has involved, in the chemical laboratory, verification of the latest methods of estimation of the constituents concerned, and improvements made by Dr. Stanford upon some of them.

In the pathological laboratory, it has entailed the use of a large number of rabbits and fowls for the purpose of production of antibodies to human blood-constituents and c.s.f. The following points have been enquired into in the pathological laboratory, mostly in connection with the research specified :—

- (a) The relation of the insanities to the blood groups.
- (b) Group-reactions in respect of production of certain antibodies—*i.e.*, pptn., mæmolysin, hæmagglutinin.
- (c) Evidence of formation of antibodies to a postulated toxine—as tested by above reactions—in four cases of acute and recent mania just convalescent.
- (d) Reaction of pptn.—containing rabbit serum of high titre, prepared from human serum, with serum, c.s.f. and urine of G.Ps., non-G.Ps., cases of renal cirrhosis with convulsions, of epilepsy in *status*.
- (e) Separation of serum-globulin and serum-albumin (in human serum) with a view to repeating tests under (d) with these fractions.
- (f) Production of anti-substances (in serum of rabbit) to suspension of choroid plexus, respectively of G.Ps., and non-G.Ps., and tests against c.s.f. of G.Ps., and non-G.Ps.
- (g) Production of anti-substances (in serum of rabbit) to c.s.f. of G.Ps.
- (h) Any noteworthy comparative results *re* loss of weight and deaths of rabbits injected with serum, r.b.c., stroma of same, and c.s.f. (*i.e.*, any evidence of toxicity of these fluids).

In addition to the above combined research, the observations in connection with the passage of a barium sulphate meal, which were referred to in the last Report, have been continued by Dr. R. V. Stanford, Lieut.-Colonel E. Goodall and Dr. Robert Knox (Hon. Radiologist, King's College Hospital). Recent and acute cases of mental disorder, not of any particular kind, have been taken for this purpose. Including the cases last reported upon, the number now dealt with amounts to twenty-five. The photographs are at present under the criticism of Dr. R. Knox, with a view to his expert decision as to how far the conditions portrayed are deviations from the normal.

Employment of Intestinal Antiseptics.—Eleven cases of acute and recent mental disorder, (melancholia, confusional states, delusional states), and one of chronic hypochondriasis, were treated with Dimol in powder form,

four of them receiving 8 grains of the powder, and eight, 12 grains of the same, thrice daily—(1 part of Dimol in three parts of the powder)—and this in most cases for several weeks or months. Five other similar cases were given one Kerol capsule thrice daily for like prolonged periods. It cannot be said that any dramatic or decisive results were observed in cases which improved or recovered. Nevertheless, in my opinion such drugs are worth extensive trial for long periods, preferably combined with lavage of the whole large intestine.

Results of Bacteriological Examination of Urine in 91 Recent Cases (as admitted).—The urine was in all cases removed by sterile catheter and collected in a sterile vessel. The following kinds of mental disorder were exhibited by these cases. Adolescent insanity of various types (several of these would probably be labelled dementia præcox by some), mania, (including one puerperal case), melancholia, (including one puerperal case), confusional states, exhaustion psychoses, delusional insanity, G.P.I., insanity with epilepsy. The media employed were lactose litmus agar, ditto broth, nasgar, hæmoglobin agar (Ford Robertson), blood-agar, agar, glucose broth. In 18 cases, aërobic cultures alone were made; (lactose litmus agar—13 cases; ditto with blood-agar—1; blood agar—4); in the remainder aërobic and anaërobic. Tubes were incubated for 48 hours. If no growth at end of that period, the result was returned as negative. If growth occurred, the urine was examined a second time. If growth occurred a second time, the result was returned as positive.

Out of a total (at present) of 91 cases, 24 gave positive results. Cases of G.P.I. numbered 18; of these, positive results occurred in 6. Of the 73 cases of non-G.P.I., positive results occurred in 18.

The organisms found were as follows:—b.col. (twice); staphylococci (22 times); streptococci (6 times); gram. o bac. (7 times); gram. + bac. (4 times); streptothrix (twice).

2. Report on Research carried out in the Chemical Laboratory. By Dr. R. V. STANFORD, assisted by A. H. M. WHEATLEY, B.Sc., A.I.C.

In previous reports reference has frequently been made to the estimation of the total nitrogen of cerebro-spinal fluid as an aid in the diagnosis of mental disease. My first paper on this subject was published in 1913, and dealt with only about 70 cases. The regular use of the method since then has demonstrated its general usefulness, and also the validity of the conclusions then expressed. These points it was possible to bring out in a paper published in the *British Medical Journal* (June 10th, 1922), during the year. This paper embodies the results in 254 individual cases, and an ingenious method of graphic representation, due to my wife and collaborator, Mrs. Helen L. Stanford, B.Sc., shows that unless the "nitrogen number" falls between 20 and 26 a high degree of probability in regard to the diagnosis is attained to.

This doubtful range we term the ambiguous area. Now, reference has been made in previous Reports to the elaboration of a method for the estimation of the total carbon of cerebro-spinal fluid. The application of this new method during the latter part of 1921 and the early part of 1922 gave the satisfactory result of differentiating cases of general paralysis of the insane from other mental disorders, even when they were in the ambiguous area as far as the nitrogen number was concerned. These results, however, are for the moment in need of confirmation, because by the Spring of 1922 only a few dozen cases had been dealt with. Before a definite conclusion can be reached it is obviously necessary to investigate a much larger number of cases in the ambiguous area. The necessary further work should be accomplished during the present year.

These researches were interrupted some months ago by reason of the available effort of the laboratory being required for other purposes. These were the estimation in the cerebrospinal fluid, blood and urine of certain

selected patients of some of the best known constituents. The estimations to be made comprised : in the cerebrospinal fluid, the total nitrogen, (NN), the non-protein nitrogen, the urea nitrogen, the reducing agents (commonly called dextrose) and the total chlorides; in the blood, the non-protein nitrogen, the urea nitrogen, the reducing agents (reckoned as dextrose) and the total chlorides; in the urine, the total nitrogen, the ammonia nitrogen, the urea nitrogen, the reducing agents and the total chlorides.

A great many methods have been described for estimating most of these things, but it was found that a good deal of work was necessary before a routine of this kind could be undertaken with the requisite speed and accuracy. In the result it was found necessary (1) to devise a new method for removing small quantities of ammonia from solutions containing it; (2) to investigate the cause and prevention of turbidity in Nesslerised solutions; (3) to modify the dilution colorimeter (described by me in 1913) so that it should become not merely the only reliable colorimeter but also as convenient in use as any other. The great number of methods that have been published in regard to almost all of the estimations above referred to is a pretty fair indication that no one has found those of his predecessors satisfactory, and accordingly I have thought it worth while to write also a short paper on this subject. These four communications are now awaiting publication.

The investigation itself is not yet completed. Some hundreds of analyses have been made of products derived from (a) epileptics immediately after a fit, and (b) in the period between fits, and also a certain number relating to cases of renal disease, diabetes, &c. Until the series has been finished it is impossible to draw any general conclusions.

The equipment of the laboratory has been almost completed during the year.

III.—FROM THE WEST RIDING MENTAL HOSPITAL, WAKEFIELD.

Asylum Dysentery and Allied Infections. (Fourth Post-War Report.)

By Dr. J. SHAW BOLTON and Dr. M. J. McGRATH.

Introduction.—During the year we have again encountered so few new cases that the cumulative evidence in favour of our special measures of detection and isolation being responsible for the present rarity of these infections has become still stronger.

To clear up certain doubts caused by the frequently necessarily incomplete nature of our clinical data, we have carried out in rabbits a series of experiments on the degree and duration of the Widal reaction which have produced some interesting and unexpected results.

Causative Organisms—Bacteriological Examination of Fæces.—During the year, 116 specimens were examined, and of these 14 gave positive results and 102 negative. Of the 14 positive specimens, Flexner's bacillus occurred in seven cases, Bacillus proteus in four, and Bacillus Morgan No. 1 in three.

Of the seven Flexner cases, three occurred at the Hospital amongst the recent admissions. Of these, two were females in ward F. 1, admitted respectively on 17.11.1921 and 18.11.1921, with negative Widal, and occurred respectively on 23.1.1922 and 27.1.1922; and the other was a male in ward M. 3, admitted on 24.4.1922 with a negative Widal, and occurred on 4.5.1922. We feel justified in presuming that at least two of these three cases acquired the disease before admission to the Institution. The remaining four Flexner cases occurred in the Male Dysentery Isolation Ward No. 36, symptoms being noticed respectively on January 16th and 17th, April 8th, and May 23rd.

As regards the four cases giving Bacillus proteus, these occurred respectively and sporadically in Male Wards 1 and 18, on February 15 and 20, in Ward M. 3 of the Hospital, amongst the recent cases, on April 23rd,

in a man admitted 11.3.1922, and on December 30th in Female Chronic Ward 32.

The three Morgan No. 1 cases occurred sporadically in Male Dysentery Isolation Ward 36, on March 31st and April 20th, and in Female Chronic Ward 32 on August 8th.

We would here draw attention to the interesting fact that this year, at any rate, all the Flexner cases occurred at the Hospital amongst recent admissions or in a dysentery isolation ward.

Two further cases deserve mention in this connection, though in neither was the causative organism found in the faeces. On May 14th, a female patient gave a positive blood culture of *Bacillus paratyphosus* B. On May 29th a 1/50 Widal was obtained. This became 1/25 on June 19th, and disappeared on July 24th, remaining absent up to January 31st, 1923. She is regarded as a recovery.

On October 22nd a case of typhoid fever was admitted from her home. She gave negative excreta and blood in five specimens on four occasions, though on October 29th she showed 1/200 Widal and partial 1/400. This became 1/200 on December 1st, 1/100 on December 19th, and negative 1/50 on January 31st, 1923. She is regarded as a recovery.

Agglutination results.—In the following table are given the 253 Widal reactions performed during the year on patients, and the 146 performed on members of the staff. On the last column are given, as in previous reports, the special reasons for the examinations.

The test on March 30th in ward 31 is noteworthy, since it was performed owing to the existence of diarrhoea in the ward; and seven patients and one nurse were found to react to *Bacillus Flexner*. This is a useful illustration of our earlier and repeated observation that, when active clinical dysentery occurs, numerous positive Widal reactions are to be found amongst possible contacts. The test carried out on 38 inhabitants of ward 14 on April 1st, illustrates the known fact that such does not occur in the case of enteric fever.

The examinations, on September 19th and 26th, and on October 3rd and 5th, of 132 male and female transfers from a sister Asylum, all of whom were regarded as non-infective cases, is of great interest. These 132 cases produced no less than three Widal reactions to *Bacillus typhosus*, two to *Bacillus paratyphosus* B, and 29 to *Bacillus Flexner*.

The practical result of this examination was to prevent us from distributing throughout the Institution no less than 34 potentially dangerous cases.

We would remark here that we are satisfied that the above facts afford the explanation of the common experience that dysentery and allied infections readily break out when asylum populations are mixed by the extensive transferring of patients from one asylum to another or on the opening of new asylums.

It is, finally, worth drawing attention to the special examination of 24 cases in Male Dysentery Isolation Ward 36, on November 16th, with the object of arranging for transfers to other wards. The 24 cases produced no less than two Widal reactions to *Bacillus typhosus*, one to *Bacillus paratyphosus* B., and 15 to *Bacillus Flexner*.

As regards the 137 probationer nurses who were tested as part of the usual staff medical examination, it is of importance to note that no less than 29 were rejected for giving *repeated* positive Widal reactions to *Bacillus Flexner*.

Agglutination results in New Admissions.—During the year 1922, 447 new admissions were examined against *Bacillus Flexner* and *Bacillus typhosus*. Of these, 46 gave positive Widal reactions, in 40 to the *Bacillus Flexner*, and in 6 to the *Bacillus typhosus*.

Bacteriological Examination of Post-Mortem Material.—The material employed consisted of scrapings from the large and small intestines and of samples of the bile and spleen. In all 192 cases were examined, and of

Date.	Ward.	Number Tested.		Widal's.						Special Particulars.
				Typh.		Para-B.		Flexner.		
				Patients Positive.	Staff Positive.	Patients Positive.	Staff Positive.	Patients Positive.	Staff Positive.	
1922.										
1.2	21	1	.	.	.	.	.	1	.	Dysentery case—Female dysentery isolation ward.
1.2	21	1	.	.	.	.	.	1	.	" " " "
7.2	32	1	.	.	.	.	.	.	.	Suspected typhoid case.
20.3	31	36	4	.	.	.	.	7	1	Diarrhoea in ward—no case of dysentery.
21.3	36	1	.	.	.	.	.	1	.	Dysentery case—Male dysentery isolation ward.
27.3	32	5	.	.	.	.	.	.	.	Diarrhoea cases—Female.
"	23	1	.	.	.	.	.	.	.	" " " "
"	25	1	.	.	.	.	.	.	.	" " " "
"	21	1	.	.	.	.	.	.	.	" " " "
"	30	.	1	.	.	.	.	.	.	" " " "
30.3	18	1	.	1	.	.	.	.	.	Female dysentery isolation ward.
31.3	18	3	.	1	.	.	.	.	.	Female.
1.4	14	38	.	.	.	.	.	.	.	Typhoid case from Ward 14.
30.4	22	.	2	.	.	.	.	.	.	Same as above.
3.5	—	.	1	.	.	.	.	.	1	Ward tested on account of ? typhoid.
19.9	Isol. R.	31 males	.	1	.	.	.	.	.	Preventive measure: Nurses removed to other
26.9	"	29 "	.	2	.	.	.	3	.	wards—female dysentery isolation ward.
3.10	"	43 females	.	.	.	.	.	17	.	Special examination.
5.10	"	29 "	.	.	.	.	.	9	.	Menston transfers: 1st batch—males
16.11	36	24	.	2	.	.	.	15	.	2nd " " females
1.12	32	1	.	1	.	.	.	.	.	3rd " " females
"	21	1	.	1	.	.	.	.	.	4th " " "
"	Fel. Isol.	4	.	.	.	.	.	.	.	Test before transfer for other wards.
6.12	18	1	.	.	.	.	.	.	.	Diarrhoea—Female.
12.12	27	.	1	.	.	.	.	.	.	Typhoid case admitted from home.
										Tuberculosis cases—Blood taken to test for
										typhoid agglutinations.
										Suspected case of enteric.
										Transfer from Ward 21.
TOTALS		253	9	8	0	3	0	54	2	
Probationer Nurses		.	137	.	.	.	.	.	29	

these 29 gave positive results and 163 negative. In the 29 cases giving positive results the intestines were apparently normal in 20 cases, and the remaining 9 showed varying pathological appearances consisting of scarred Peyer's patches, inflamed or ulcerated bowel, patches of thickening and of atrophy, tuberculous ulcers, &c. The organisms obtained were as follows:—*Bacillus Morgan* No. 1 in thirteen cases, in one of these in association with the tubercle bacillus; *Bacillus proteus vulgaris* in 11 cases; *Bacillus tubercle* in four cases; *Bacillus Flexner* in one, in association with *Bacillus fæcalis alkaligenes*; and *Bacillus typhosus* in one case. In view of the known difficulty in obtaining positive results from scrapings these numbers must necessarily be regarded as minima only.

Of the 192 cases examined, three which gave positive results and four which gave negative deserve more detailed reference.

J. H. P., admitted 1.11.1919, aged 57 years.

6.12.1920, in Male Sick Ward 35, blood 1/50 and partial 1/100 Flexner. Patient sent to Dysentery Isolation Ward No. 36.

5.2.1921. Attack of diarrhœa, stools contained mucus, but no blood. *Bacillus Morgan* No. 1 was isolated from these.

8.12.1921. Attack of dysentery, stools contained blood and mucus. *Bacillus Flexner* isolated from these.

9.12.1921 and 20.12.1921. Was given respectively 1,000 and 2,000 millions of vaccine.

24.12.1921. Patient was regarded as recovered.

23.1.1922. Patient died. Marked ulceration existed in the large intestine, which in places was gangrenous. *Bacillus Morgan* No. 1 was isolated from scrapings. *Bacillus Flexner*, which existed on 8.12.1921, was not isolated.

A. L., admitted 6.3.1906, aged 64 years.

6.12.1920. In Male Sick Ward 35, blood 1/50 and partial 1/100 Flexner. Was sent to Dysentery Isolation Ward 36.

9.12.1921 and 20.12.1921. Was given respectively 1,000 and 2,000 millions of vaccine.

20.4.1922. Attack of diarrhœa, stools consisted of mucus alone, and *Bacillus Morgan* No. 1 was isolated.

21.4.1922. Patient died. Colon markedly ulcerated, evidence of chronic dysentery and of recent acute inflammation in parts. In the lower part of the small intestine were three semi-annular discolourations and there were also ulcers on certain of the Peyer's patches. *Bacillus fæcalis alkaligenes* was isolated from the small intestine and *Bacillus Flexner* from the large intestine. Specimens from the spleen and gall-bladder were sterile.

It will be noted that in these two cases more than one pathogenic organism was isolated.

A. E. R., admitted 8.2.1915, aged 34.

30.3.1922. Male Sick Ward 18. 1/50 and 1/100 Typhosus.

31.3.1922. 1/400 Typhosus. Patient did not exhibit a typhoid tongue.

1.4.1922. Fæces, which were claylike and urine were negative.

5.4.1922. Patient died. Throughout the large intestine, especially at the lower part, were scattered hæmorrhagic foci, varying in size from a pea to a millet seed. The whole of the mucus membrane was catarrhal and œdematous and the intestine was dilated. The small intestine, near the bowel, was like the large but more catarrhal. Further upwards the mucus membrane was relatively normal, apart from catarrh. In the region of the Peyer's patches, two of these, relatively small and between one and two feet above the ileo-cæcal valve, showed on each a hæmorrhagic

focus about as large as two peas. Neither of these was ulcerated. The whole of the small intestine was catarrhal and dilated, and somewhat oedematous, especially as regards the mucus membrane. Externally, there was very recent acute peritonitis with sticky lymph where the folds of the intestine met. There was no indication anywhere of perforation. The spleen was not large, had an increase of fibrous tissue and was also pulpy. The gall-bladder was practically empty, the bile being pale. The liver was solid and retained its shape, as if frozen. Scrapings from the small and large bowel were negative, and from scrapings from both the spleen and the gall-bladder *Bacillus typhosus* was isolated.

In the absence of bacteriological examination it is not likely that the case would have been detected as one of enteric fever.

The following four cases are worthy of note, since each gave entirely negative results from post-mortem scrapings.

M.P., admitted 24.3.1917, aged 67 years.

30.12.19. In Female Isolation Ward 22. 1/50 Flexner.

20.10.1919. Fæces negative. Specimen very watery.

8.2.1921 and 18.2.1921. The patient was injected with, respectively, 1,000 and 2,000 millions of *B. Flexner* vaccine.

12.3.1921. Developed dysentery.

14.3.1921. Fæces negative. Specimen very watery.

16.3.1921. From specimen of pure mucus, *Bacillus Flexner* was isolated.

30.3.1921. Regarded as recovered.

21.1.1922. Patient died. The lower bowel exhibited slight catarrh only. Bowel scrapings were negative.

E.S., admitted 17.11.1921, aged 70.

23.1.1922. In Dysentery Isolation Ward 21. Soft yellow mass of fæces examined and *Bacillus Flexner* isolated.

1.2.1922. Blood 1/200 *Bacillus Flexner*.

20.2.1922. Patient died. Superficial generalised ulceration of the ascending colon. Bowel scrapings negative.

J. E. R., admitted 28.3.1919, aged 55.

29.6.1921. Dysentery Isolation Ward 36. From a solid mass of fæces with a little mucus, *Bacillus proteus vulgaris* was isolated.

7.12.1921. Blood negative, 1/50 Flexner.

9.12.1921 and 20.12.1921. Injected with 1,000 and 2,000 millions of *B. Flexner* vaccine.

16.1.1922. From specimen of pure mucus, *Bacillus Flexner* was isolated.

20.1.1922. Blood 1/200 *Bacillus Flexner*.

21.3.1922. From semi-solid fæces, with little mucus, *Bacillus proteus vulgaris* was isolated.

5.7.1922. Patient died. The mucus membrane was thickened and congested, especially in the lower part of the large intestine. Bowel scrapings were negative.

T. M., admitted 10.11.1894, aged 70.

10.12.1920. In Dysentery Isolation Ward 36A. Blood 1/50, and 1/100 Flexner.

4.12.1921. *Bacillus Flexner* isolated from specimens of blood and mucus.

9.12.1921 and 20.12.1921. Injected with 1,000 and 2,000 millions of *B. Flexner* vaccine.

2.8.1922. Patient died. Numerous dysenteric ulcers existed in both large and small intestine. A pin-point perforation existed in one of the ulcers in the ileum. The bowel scrapings were negative.

In all these four cases we might reasonably have expected to isolate the Bacillus Flexner after death, but all the specimens were entirely negative.

Para-typhosus B.—The following are further notes on the case of Para-typhosus B., described in some detail in our last Report. As there stated, the agglutination, taken weekly, remained at 1/50 in March 1922, with the exception of March 6th, when it fell to 1/25. It remained at 1/50 during April, but rose in May, reaching 1/200 on the 29th. On June 3rd the blood culture was sterile. Between this date and August 2nd, ten injections of Para-typhosus B. vaccine were given. These consisted respectively of 10, 20, 40, 100, 200, 400, 800, 1,600, 1,600 and 1,600 millions, and were given at intervals varying from 3 to 7 days. Until the seventh injection, of 800 millions, there was no constitutional reaction, but the three last injections of 1,600 millions each produced a marked constitutional reaction, and the final two caused but slight local reaction. The agglutination titre, which before the first injection had been 1/200, varied between 1/50 and 1/200 during the injections, and on the day following the last injection reached 1/25. It remained then at 1/50, apart from 1/25 on August 28th, and 1/100 on September 18th, and on October 2nd, when it became negative. It was 1/25 in November and then finally became and remained negative.

This result differs markedly from that following the similar injections during the same period of the year in 1921. On that occasion, the titre varied during the injections between limits of 1/10 and 1/200, and at the end of the year it was still 1/200, remaining at least 1/100 until the middle of February, then falling to 1/50, and eventually becoming 1/200 on May 29th 1922.

Provisionally, therefore, we feel justified in inferring both that the Para-typhosus B. has either disappeared or no longer remains pathogenic, and also that the post-vaccination agglutination may not last many weeks. The further inference, that the injections result in cure, is possible, but is premature at the present time. As regards symptoms, undue irritability of the colon remains, with alternating diarrhoea and constipation, and renders regulation of the bowels very difficult, even by the most rigid dietetic measures. A marked tendency to prolapse of the rectum also exists. These morbid conditions are probably more or less permanent results of the disease.

Duration of Agglutinations produced by Experimental Inoculations with Bacterial Emulsions.—During the latter part of the year under review we have undertaken an experimental investigation with regard to the duration of the agglutinations produced by bacterial emulsions inserted subcutaneously or intravenously into rabbits.

Seven animals have been employed. Five of these have been injected with Bacillus para-typhosus B. emulsion, one with Bacillus para-typhosus A. emulsion, and one with Bacillus typhosus emulsion; and not far short of 1,000 Widal blood tests have been made, these being as a rule carried out daily.

Bacillus Para-typhosus B.—Animals, Nos. 8, 9, 10, 11 and 14 of the series, were injected with Para. B. emulsions. Nos. 8 and 10 were females, the other three being males. The emulsions are administered intravenously in the cases of Nos. 8 and 11. In the others the subcutaneous method was used. The initial dose given to No. 14 was 20 millions, 10 millions being the initial dose given to each of the other animals. Widal examination of the blood of each animal was made daily after the injection; and it was observed that in the case of No. 8 a reaction was first obtained on the third day, in the case of Nos. 9 and 11 on the fourth day, in the case of No. 14 on the fifth, and in the case of No. 10 on the seventh. Of Nos. 8 and 11 each gave a maximum reaction of 1/800

No. 8 reaching that point on the sixth day after the injection, whereas No. 11 took 10 days to reach that point. No. 9 gave a maximum reaction of $1/400$ and attained it on the fifth day after injection. Of the remaining two animals, No. 10 gave a reaction of $1/100$ on the ninth day, and No. 14 gave a reaction of $1/25$ on the fifth day after injection. The blood of each of the animals was negative before injection.

On the ninth day after the first injection the titre had dropped to $1/100$ and $1/50$ in animals Nos. 8 and 9 respectively. They were on that day given their second injection, the dose being 100 millions. Animals Nos. 10, 11 and 14 were given their second injection 27 days after the date of their first injection, 100 millions being the dose given to Nos. 10 and 11, and 80 millions that given to No. 14. On that date the blood of Nos. 10 and 14 gave no reaction, whilst that of No. 11 gave a positive reaction of $1/50$. In the case of animals Nos. 8 and 9 the titre began to rise on the second day after the injection and reached its maximum on the third day, No. 8 giving a maximum of $1/1000$ and No. 9 giving $1/800$. No. 10 showed a positive reaction of $1/25$ on the fourth day after the injection and the titre never rose any higher. In No. 11 the titre began to rise on the fourth day and reached its maximum of $1/800$ on the seventh. No. 14 gave a positive $1/25$ on the fifth day and never rose any higher. The blood of all five animals was allowed to become negative before the third injection was given. Two hundred millions was the dose used for Nos. 8, 9, 10 and 14; 400 millions dose was given to No. 11, but in this case the interval between the second and third injection was considerably longer than in the case of the other animals. Nos. 8 and 9 were given their third injection on the forty-seventh day after the second injection. Nos. 10 and 14 on the twenty-first and No. 14 on the eighty-second day. Nos. 9 and 10 began to give a reaction on the first day after the injection, No. 10 reaching its maximum, $1/400$, on the seventh day, and No. 9 reaching its maximum, $1/3200$, on the thirteenth day. Nos. 8 and 11 began to give a reaction on the second day after the injection, No. 8 reaching its maximum, $1/800$, on the fifth day, and No. 11 reaching its maximum, $1/3200$, on the eighth day. No. 14 began to give a reaction on the fourth day and reached its maximum on the fifth which maximum never exceeded $1/100$. Nos. 8, 9, 10, and 14 were each given a fourth injection, the dose on this occasion being 400 millions in each case.

A Widal examination of the blood of each of the animals was made on the day of the injection, and the result was negative in the case of Nos. 8, 10, and 14, but gave a positive $1/400$ in the case of animal No. 9. The blood began to react on the third day after the injection in Nos. 8 and 14, and on the fourth day in Nos. 9 and 10. All four animals gave a maximum reaction on the eighth day, Nos. 8 and 9 giving a maximum titre of $1/12800$ and Nos. 10 and 14 giving a maximum titre of $1/1600$. On the 1st March 1923, or 99 days after the last injection, a Widal examination of the five animals gave the following results, namely, No. 8, $1/800$; No. 9, $1/800$; No. 11, $1/800$; and No. 14, $1/200$; and No. 10 negative. This last animal's blood gave a negative result on 25th January 1923, or 65 days after the fourth injection.

Bacillus Typhosus.—Animal No. 13, a buck rabbit, was given subcutaneously four injections of *Bacillus Typhosus* emulsion, and similar details regarding the reaction of the blood after each injection were observed as in the case of the previous five animals. The blood was negative on the 5th August 1922, when the animal received its first injection, the dose of which was 20 millions. The blood did not give any reaction until the seventh day after the injection and reached its maximum of $1/3200$ on the fifteenth day. The second injection was given 27 days after the first injection. The blood by that time had again become negative. The dose given on this occasion was 80 millions. As no reaction followed this injection, a third was given 21 days later, and the dose was now raised to 200 millions. On the third day after this injection the blood began to give a positive result, and the maximum titre, namely

1/3200, was obtained on the eighteenth day. The fourth injection was given 60 days after the third injection. The blood gave a positive Widal of 1/50 on the day of the injection, and the dose given was 400 millions. The titre began to rise on the first day after the injection, and reached to maximum point, namely 1/1600, on the eighth day. On the 1st March 1923, or 99 days after the last injection, it still gave a reaction of 1/200.

Bacillus Paratyphosus A.—Animal No. 13, a female rabbit, was treated with *Bacillus Para-typhosus A*, and the results gained were compared with those obtained from the six animals treated with *Bacillus Typhosus* and *Bacillus Para-typhosus B*. The emulsion was administered subcutaneously. The initial dose was 20 millions. A reaction of 1/25 was obtained on the seventh day after the injection. The titre did not rise above this. Twenty-seven days after the first, a second injection was given. The dose given was 80 millions. The blood was negative and continued so up to the fifth day after the injection when a positive 1/50 was obtained. The titre did not rise beyond this. Eighty-one days later the third and last injection was given. The blood was then negative, and the dose given was 400 millions. No reaction occurred until the fourth day after the injection when positive 1/100 was obtained. There was no rise above this. On the 1st March 1923 the blood was negative, and had been so since the 10th February 1923, or 81 days after the last injection.

Summary of Injection Results.

Bacillus Para-typhosus B.—After an injection the appropriate Widal reaction is obtained, beginning from the first to the seventh day and reaching its maximum from the third to the thirteenth day. After the last injection of the series all the cases gave a Widal reaction on the third or fourth day, and this reached its maximum on the eighth day. Sex does not affect the result. There is no evidence to show that the intravenous method is in any way superior to the subcutaneous. The idiosyncrasy of any particular animal appears to be of more importance than the actual dose given. It is, nevertheless, the case that in two out of the five animals the dose of 400 millions resulted in a 1/12800 titre which fell with varying rapidity to about 1/1600 within a month and remained at 1/800 after three months.

No. 11 produced only a third of the above result, but still remained at 1/800 after three months.

No. 10 produced only one-sixth of the maximum result, the titre then remaining at 1/400 for a fortnight and afterwards rapidly fading away.

No. 14 produced a similar result to No. 10 and remained at 1/200 after three months.

Bacillus Para-typhosus A.—Only one rabbit, No. 13, was employed, and the titre reached was so low that the results generally are inconclusive.

Bacillus Typhosus.—In this case, a dose of 20 millions resulted in a positive agglutination after seven days, and in the maximum result after 15 days. Eighty millions was followed by no result during 22 days. A dose of a further 200 millions was then given, and on the third day following this a positive agglutination was obtained which reached its maximum on the fourth day from the dose of 80 millions, or 18 days after the dose of 200 millions. A dose of 400 millions was followed, on the following day, by a positive reaction which reached its maximum on the eighth day.

The result of the first injection was a titre of 1/3200 which disappeared in seven days.

The result of the second and third injections was a titre of 1/3200 followed by one of 1/400 and later by one of 1/200, and eventually 1/100, during a period of six weeks.

The result of the fourth injection was an evanescent agglutination with a titre of 1/1600 which remained 1/200 after three months.

General Observations.—In the cases injected with *Bacillus Para-typhosis* B. an increasing dose increased both the temporary titre and the duration of the reaction.

In the case injected with the *Bacillus Typhosus* the increasing dose increased the duration of the reaction, but not the temporary titre following injection.

As a result of repeated injections an agglutination of moderate degree develops and lasts for upwards of three months, so far as our investigation has progressed up to the present time.

IV.—FROM THE LANCASHIRE COUNTY MENTAL HOSPITAL, RAINHILL.

1. *The Incidence of Syphilis in Mental Cases.* By Drs. A. D. BIGLAND, PHŒBE M. BIGLAND, J. FLANAGAN, E. F. REEVE AND G. A. WATSON.

The incidence of syphilis in mental hospitals and the possible relation as cause and effect between this disease and mental conditions generally are problems of absorbing interest and of great practical utility. With these objects in view the following research was instituted. The plan, as originally laid down, consisted of examining the blood and spinal fluid in every new admission to the County Mental Hospital, Rainhill, during the period of one year. Unfortunately practical difficulties arose so that it was impossible to examine consecutive cases, instead all admissions during July, 1920, and during the period February to November 1921, inclusive, were so investigated. A short abstract of the work is appended, together with the results obtained.

Method of Work.—Samples of blood and spinal fluid were collected at the mental hospital and sent without a diagnosis to the Thompson Yates Pathological Laboratory, at the University of Liverpool. Reports were dispatched to Rainhill in due course and not till then was the clinical diagnosis disclosed. Bias was thus entirely excluded. The blood was subjected to the Wassermann reaction according to Method 4 of the Medical Research Committee. The spinal fluid was examined for the protein content by the methods of Ross-Jones and Pandy, for the cell content by means of a Fuchs-Rosenthal counting chamber; for the Wassermann reaction as above using five different strengths of fluid and for the Gold Sol reaction. The physical characters of the fluid as regards colour, foaming, etc., were noted. Many other laboratory tests were employed but their use was not sufficiently evident to warrant their inclusion as routine. Many of the spinal fluids were examined also quite independently at Rainhill, especially with regard to the Sachs-Georgi reaction and Lange's gold test. This additional proof was of the greatest value especially on those occasions when the gold reaction in one or other laboratory was not satisfactory. In nearly all cases the results were in perfect agreement.

In this way some 305 cases were examined. Of this number, 284 were new and consecutive admissions while the remaining 21, though recent admissions, were only examined for some clinical reason. The great majority of these cases were examined completely as outlined above; in a few, however, only spinal fluid was sent. (Several are still resident and samples of blood will, it is hoped, be examined later.)

Results.

A. *General Paresis.*—Of the total 305 cases, 37 were diagnosed clinically as general paralysis, while 8 more were possible paretics. 33 cases of the 37 showed serological agreement. An analysis of the remaining 4 cases showed that 2 died and were proved to be general paresis post mortem; though serologically they were certainly neuro-syphilis but of doubtful type—one was certainly neuro-syphilis but probably not general paresis, and one had no laboratory evidence of syphilis at all.

Of the 8 clinically doubtful cases, 3 serologically were undoubted paretics, 3 more had no syphilis at all, one had somatic syphilis but no involvement of the nervous system, and one was neuro-syphilis but not of the paretic type.

B. Dementia Praecox.—83 cases of the total were clinically diagnosed as dementia praecox. The spinal fluid in every case was examined and, with few exceptions, the blood also. Of the total 83 cases, 14 (16·8 per cent.) showed serological evidence of syphilis. Only one case gave results pointing to involvement of the central nervous system. Syphilis, therefore, in this group was an incident rather than a causal factor.

C. Non-syphilitic Psychoses other than Dementia Praecox.—The cases examined under this heading, numbered 177. As before, the spinal fluid in all and the blood in the great majority were subjected to the routine tests. Of this number, 17 showed signs of syphilis serologically. Only 4 of these gave proof that the central nervous system was involved, so that it is fair to make the same assumption as to the causal role of syphilis in these cases as in dementia praecox. Of the non-syphilitic psychoses, excluding dementia praecox, 9·6 per cent. gave laboratory findings of syphilis.

Taking these figures now as a whole, it appears that out of 305 cases examined, 72 gave serological evidence of syphilis, *i.e.*, 23·6 per cent. Excluding the cases of general paralysis the total was 260 and the percentage of syphilis in this group was 11·9. Assuming that the percentage of syphilis in the community is 10, and there are fairly good grounds for this assumption, it will be seen that in Rainhall Mental Hospital when general paresis cases are included, the figure is more than double that in the outside world while if general paresis be excluded the two figures approximate. This is what might have been expected. It would appear, therefore, that except in general paresis syphilis may be regarded merely as an incident and in no way a causal factor in the production of the given mental condition.

Up to the present, death has occurred in 52 of the 305 cases, and in 41 a post mortem examination has been made. Some details of interest have been revealed but these cannot be given in a brief abstract. It may be observed, however, that from this combined work there is practical proof of the extraordinary agreement, on the whole, between the clinical and laboratory findings, as also there is between these and the post mortem findings in those cases which have been examined microscopically. In the opinion of the laboratory workers this agreement reflects the greatest credit upon the clinicians engaged upon diagnosis and it doubtless tends to show that in a mental hospital where the clinical work is carried on with skill and care only in clinically doubtful cases need the serologist be consulted. As regards the necessity for anti-syphilitic treatment in these cases it may be pointed out that in general paresis, so far as can be ascertained at present, such remedies are of no avail. In the non-syphilitic psychoses where syphilis is present the same need for treatment exists as obtains in the outside world with this reservation that though in the mental hospital and outside it much of the syphilis is non-symptomatic, nevertheless in the mental hospital the risk of infecting innocent persons is small, and also the hope of preventing useful citizens from becoming inefficient through the late effects of the disease is not urgent in view of their unfortunate mental disability. Perhaps, therefore, the active treatment of syphilis in mental hospitals is not called for except in special cases, or those in which a mental cure is to be expected.

2. Pellagra. By G. A. WATSON.

The history of the disease in this hospital, so far as is known, and up to last year, is as follows. During the years 1913 to 1918, inclusive, a rather severe outbreak occurred, 36 cases in all being definitely diagnosed,

together with several other cases of central neuritis in which a typical dermatitis only was wanting to complete the clinical picture of pellagra. During the years 1919 and 1920 no fresh case was diagnosed, nor had any of the patients who had recovered from a previous attack and remained in the hospital a relapse, but in 1921 one new case occurred, which was severe and rapidly fatal. A summary of these cases has been given in previous reports.

During 1922, 14 new cases were diagnosed, a greater number than in any previous year. Three of these were males and 11 females. The age at the apparent onset of the disease varied from 28 to 63 years, but the majority of the patients were between 40 and 50 years of age when they first showed symptoms. Nearly all the patients previous to admission had resided in the Liverpool or St. Helens district. In two cases there is no doubt that the disease was present on admission and in another case the first symptoms appeared within a few days, and in yet another after a few weeks, but the majority of the patients had been resident in the hospital for periods varying from six months to several years and in one instance for 27 years.

The mental condition of the majority of the cases was diagnosed as either delusional insanity or melancholia. One was an epileptic. In the series of cases previously reported there was no example of general paralysis but in the present series there were two who were undoubtedly general paralytics—one male and one female.

The symptoms were very typical in almost all the cases. The dermatitis, always present on the backs of the hands and wrists was very frequently also seen on the face, neck and over various pressure areas such as the knees, elbows and scapulae. The rash was invariably symmetrical. The extent and severity of the dermatitis, however, had little or no relation to the severity of the other symptoms. The gastro-intestinal symptoms were marked in all except one female who recovered. These consisted of diarrhoea, sometimes with vomiting, in most cases stomatitis and in one case extensive ulceration of the tongue. The nervous symptoms were chiefly paresis, especially of the lower limbs, in some cases of sudden onset, exaggerated knee jerks—in one case these were absent—jactation or choreiform movements of the limbs and face and frequently peculiar alteration of articulation.

In the majority of cases the symptoms first appeared in the months from April to August but in one case they were first observed in March and in another in October. Occasionally the dermatitis was the first symptom to be observed, but frequently this did not appear for some weeks, or even longer, after the onset of the nervous and gastro-intestinal symptoms. The outbreak was a very fatal one, 12 of the 14 patients died. With the exception of the two cases of general paralysis and one case which had partially recovered and died with symptoms of renal disease, death in the fatal cases may be said to have been directly attributable to the disease. The apparent duration of the disease in the fatal cases from the time the symptoms were first observed was from a few days to eight weeks in the five more acute cases, and from three to five months in the remainder. The dermatitis had at least partially subsided in the more chronic cases. The two patients who recovered were the youngest of the series, each being 28 years of age. One of these had a typical rash but few other symptoms and was discharged recovered, mentally and apparently physically. The other had a very extensive and severe dermatitis with diarrhoea and only slight other symptoms. She apparently recovered physically within three months but there is no improvement in her mental condition.

The blood and spinal fluid was examined in five cases. In the two general paralytics these were strongly positive to somatic and neuro syphilis with both the Wassermann and Sachs-Georgi tests and the spinal fluid gave a typical paretic curve to the gold sol reaction. The other cases were entirely negative to syphilis in any form and the spinal fluid was normal

in every way excepting in one which gave the following reading to the gold sol reaction 0123210000.

Nothing of significance was found on microscopical and bacteriological examination of the stools.

Post mortem examination was obtained in 8 of the 12 fatal cases and the findings were very similar to those reported in the previous series.

Evidence of renal disease was present in most cases, and in one—the female general paralytic—there was extensive tuberculosis of the lungs and intestines. The intestinal tract always showed some lesion, sometimes only simple catarrh but often with patchy congestion and atrophied areas. In one case there were numerous scars of old ulcers in the large intestine.

A fairly extensive microscopical examination of the central nervous system has been completed in several cases, and in all sufficient work has been done to show that, as in the cases previously reported, with two exceptions, the most prominent lesion in the brain is a central neuritis without, or with little, evidence of inflammatory reaction. The two exceptions are the cases of general paralysis to which reference has been made. In these the brain was quite typical macro- and microscopically of general paralysis but although the Betz cells showed some degenerative changes they had not the appearances seen in central neuritis.

In addition to the above, one fatal case had all the symptoms of pellagra excepting the dermatitis. Pathologically this was a case of severe central neuritis. Certain other examples of central neuritis have also been found on microscopical examination but no very definite clinical symptoms were recorded in these.

With regard to the etiology of the disease we have been unable to trace anything in the history of the patients which throws light on the matter.

Concerning the commonly accepted view that “protein deficiency in the food is the main factor in the production of pellagra,” Dr. Reeve, the Medical Superintendent, makes the following statement which is confirmed by the Clerk and Steward. The diet which the patients received during 1922 was more generous and varied in every way, especially as regards proteids than it has been for many years, even before the war. Yet a greater number of cases of pellagra occurred during 1922 than in any previous year.

3. *Report on Dysentery for the Year 1922.* By Dr. E. F. REEVE and Dr. G. A. WATSON.

It has been the routine practice, as in previous years, to examine both microscopically and bacteriologically the stools of all patients suffering from diarrhoea or suspected dysentery.

Apart from an extensive outbreak of dysentery which occurred from the 5th to the 26th of December comparatively few cases of this disease occurred amongst the patients during the year, and no case amongst the staff.

During the outbreak 90 patients were attacked; 28 males and 62 females, and only the *B. dysenteriae* Flexner Y. strain was isolated in these cases, viz., in 19 males and 47 females. In 9 males and 14 females, though typical macroscopically of dysentery, no organism was identified—in 16 of these owing to a temporary breakdown of laboratory apparatus. In one female the only pathogenic organism cultured was the *B. enteritidis* Gaertner.

The epidemic ceased just as suddenly as it commenced, and on the whole was of a mild nature, only four deaths (one male and three females) occurring. Indeed, such was its mildness that in some cases the stools were not macroscopically characteristic, the patients rapidly recovered, and in the absence of bacteriological examination there would have been no justification for the diagnosis of dysentery. In view, however, of the

fact that an epidemic of dysentery was in progress, every stool in the least suspicious was at once sent to the laboratory for examination. In all probability a few years ago some of the cases, which were definitely labelled as dysentery in this outbreak on account of the bacteriological findings, would have passed unrecognised. With the exception of one very mild case at the Main Building, all the cases occurred at the Annexe. All efforts to trace the origin of the epidemic have so far been unsuccessful.

In addition to the above, 37 other cases of dysentery occurred during the year from January to July—2 to 9 cases a month. During the months from August to November, inclusive, no case of the disease was diagnosed in the institution.

Of the 37 cases there were 24 males and 13 females. In 1 male and 2 females, vegetable forms of *entamoeba histolytica* were found in the stools; the Flexner Y. strain of *B. dysenteriae* in 18 males and 5 females; the Flexner-Strong in 1 male and 2 females, and the Shiga Kruse in 1 male and 1 female. In 3 males and 3 females, though typical clinically and microscopically, no pathogenic organism was identified. The diarrhoea in 3 males was proved to be tuberculous in origin.

In no instance was any organism belonging to the typhoid or paratyphoid groups found during the year.

V.—FROM THE LANCASHIRE COUNTY MENTAL HOSPITAL, WHITTINGHAM.

Clinical and Pathological Investigations. By the Medical Officers of the Institution.

1. *Routine Laboratory Work.*

During the year 1922 a large amount of routine work has been carried out in the laboratory. The figures are as follows :—

Examination of urine	-	-	-	-	-	-	-	960
Bacteriological examination of fæces	-	-	-	-	-	-	-	76
Bacteriological examination of urine	-	-	-	-	-	-	-	62
Agglutination reactions, Typhoid, Paratyphoid A. and B.	-	-	-	-	-	-	-	80
Bacteriological examination of throat swabs	-	-	-	-	-	-	-	120
Chemical and bacteriological examination of sputa	-	-	-	-	-	-	-	189
Tissue diagnosis	-	-	-	-	-	-	-	148
Examination of cerebro-spinal fluid	-	-	-	-	-	-	-	584
Microscopical examination of blood	-	-	-	-	-	-	-	1,618

2. *Observations on Cerebro-spinal Fluid Pressure.*

During the early part of the year a large number of observations were made on the pressure of the spinal fluid in various types of psychosis. In all cases the pressure was estimated by attaching a water manometer to the lumbar puncture needle. The following statement summarises the results obtained.

(1) In estimating cerebro-spinal fluid pressure it is of the first importance to record the exact posture of the patient. When lumbar puncture is performed with the patient lying horizontally in the flexed attitude the pressure is always less than when readings are made with the patient in the usual sitting attitude.

(2) Furthermore, the pressure is influenced to a considerable degree by the position of the cervical spine alone. Flexion of the head on the thorax when the patient is in the lying-down position always increases the pressure, whereas in the seated position flexion of the head provokes a lowering of pressure. In the recumbent posture the normal pressure lies in the neighbourhood of 100 to 150 mm. of water, but may be considerably less. When meningeal

disease exists, the pressure may be 200 mm. or more, and both this and the normal reading may be nearly doubled by placing the patient in a sitting attitude.

(3) In cases in which the fluid escapes very slowly its delivery may be markedly hastened by eliciting the phenomenon of Queckenstadt. This consists in compressing gently one or both jugular veins.

(4) A fictitious increase of intrathecal pressure may be obtained if the reading is made immediately after the introduction of the lumbar puncture needle. The stimulus evoked by piercing the skin is in itself sufficient to cause an immediate rise of pressure and vigorous movements of the limbs or deep breathing operate in a similar manner.

(5) In imbeciles the cerebro-spinal fluid pressure usually lies within normal limits: this is from 100 to 150 mm. of water. In idiocy with gross brain disease the pressure is considerably above the normal—up to 250 mm. In katatonic dementia præcox, the pressure lies between 170 and 180 mm. of water.

In all cases of early and well-developed general paralysis, hypertension is invariably found; usually the pressure is in the neighbourhood of 300 mm. of water. In advanced bedridden cases the pressure is either normal or below normal. In this type of mental disorder the reduction or removal of hypertension by repeated lumbar puncture has often a very beneficial effect on the physical and mental state of the patient.

In cerebro-spinal syphilis, in epilepsy, and in insanity with gross brain disease, a pressure reading considerably above normal is almost always recorded. The above observations were all made with the patient lying in the horizontal attitude.

(6) Spinal drainage without lumbar puncture. The discovery by Weed and McKibben that the intravenous injection of hypertonic solutions of sodium chloride in animals conditions a rapid and vigorous absorption of cerebro-spinal fluid into the blood stream suggested its clinical application in cases where hypertension existed. This plan of treatment has been employed in America for increasing the penetration of arsenic into the nervous system in cases of neurosyphilis and favourable results have been claimed. It was therefore thought desirable in this Institution to use hypertonic saline injection as an adjuvant to the intensive salvarsan treatment of cases of general paralysis. In a selected number of cases records were made of the cerebro-spinal fluid pressure during and after the intravenous injection of a 30 per cent. solution of sodium chloride. In early cases it was found that, following a transient rise, there is a marked lowering of cerebro-spinal fluid pressure, which persisted for several hours. In cases in which the physical signs were fully established the injection of hypertonic saline solution caused little or no fall in pressure. Better results appeared to be obtained by combining arsenical treatment with drainage by lumbar puncture and for this reason the method introduced by Weed and McKibben has been abandoned.

The results referred to above were made the subject of a communication at the Northern Divisional meeting of the Medico-Psychological Association held on October 26th, 1922 (D. O. Riddel and R. M. Stewart, "Pressure Changes in the Cerebro-spinal Fluid.").

3. *The Colloidal Gamboge Reaction.*

In the report of the work done in this Institution during the year 1921, a brief description of the technique of the colloidal gamboge reaction was included, and at a later date a preliminary report was made of its application to 256 spinal fluids (D. O. Riddel and R. M. Stewart,

"The Colloidal Gamboge Reaction," *Journal of Mental Science*, 1922, 68, 396). During the past year this reaction has been employed in the examination of 584 spinal fluids.

It has been found advisable to read the reaction after an interval of 12 to 24 hours, but in cases of urgency the reaction may be hastened by placing the tubes in the incubator at 37° C. In positive tubes precipitation is absolute and the supernatant fluid perfectly clear. In negative tubes there is no precipitation and no difference between the control tube and those containing cerebro-spinal fluid can be noted.

Between these two varieties there exists a partially positive reaction in which precipitation of gamboge occurs to a slight extent without, however, clearing of the fluid content.

With cerebro-spinal fluids from cases of general paralysis complete precipitation occurs in the first three or more tubes.

General Paralysis of the Insane.—An analysis of 115 paretic fluids showed that complete precipitation in all five tubes occurred 66 times; in four tubes 28 times, and in three tubes 21 times.

As previously stated, complete precipitation in the first three tubes is regarded as a paretic curve and in the above series of cases such a reading was obtained in every instance. Moreover, a paretic curve was not found in any condition save general paralysis. *Judged by this series*, the reaction has an accuracy of 100 per cent. in cases of general paralysis.

Cerebro-spinal Syphilis.—In this condition complete precipitation is never seen, the most characteristic change being partial precipitation in tubes 1, 2 and 3. Nineteen of the fluids examined belonged to this class.

Normal cerebro-spinal Fluids.—In every case in which the cerebro-spinal fluid appeared normal (there being neither pleocytosis, increased globulin content, nor positive colloidal gold reactions) the colloidal gamboge reaction was uniformly negative.

Partial or complete precipitation is never seen in one tube only, and when such occurs errors in technique must be suspected. In this respect the colloidal gamboge reaction compares favourably with the Benzoin reaction, for in the latter complete precipitation in one or more tubes not infrequently occurs when normal cerebro-spinal fluid is employed.

Purulent and Tubercular Meningitides.—In these conditions complete precipitation occurs in the higher dilutions, tubes 1 and 2 usually remaining negative. This group comprises the examination of fluids from three cases of tubercular meningitis and from two cases of purulent meningitis.

Fluids from cases of Herpes Zoster.—The examination of the cerebro-spinal fluid of six cases of Herpes Zoster showed, in each instance, an increased globulin content, a pleocytosis and a negative colloidal gamboge reaction. The highest cell count was 143 and the lowest 7 cells per c.mm.

Xanthochromic Fluid.—In one xanthochromic fluid from a case of organic dementia with motor aphasia, there was found an increase in the globulin content, a cell count of 12 and an irregular type of curve with the colloidal gamboge reaction.

4. Routine Examination of the Spinal Fluids of New Admissions.

Commencing with January 1st, 1922, the spinal fluids of male admissions have been examined with a view to determining both the incidence of neuro-syphilis among the insane and the abnormalities, if any, which may be encountered in the various types of psychoses uncomplicated by syphilitic infection.

The total number of male admissions, deducting those who were subsequently discharged and readmitted, was 458, and of this number 428 were subjected to lumbar puncture. In the remaining 30 instances it was not found possible to examine the spinal fluid, either because the

consent and co-operation of the patients could not be obtained, or for various reasons which need not be detailed here.

In 22 cases the fluid was obtained by cisternal puncture and in six instances after death.

The full analysis of the results of the examination of the cerebro-spinal fluids has not yet been completed, but the findings in some of the various forms of mental disorder are here commented upon.

(1) *Congenital Mental Deficiency with Epilepsy*.—Examination of the cerebro-spinal fluid of seven cases showed an absence of pleocytosis, no increased globulin content and negative colloidal gold and gamboge reactions. The average cell count of seven cases was 1.5 cells per c.mm.

Congenital Mental Deficiency.—The spinal fluid of 26 cases were examined and in each instance showed no positive findings. The average cell count of the 26 cases was 1.4 cells per c.mm.

Insanity with Epilepsy.—This group comprised the examination of the spinal fluid of 25 cases. The highest cell count was 8. The average cell count of 24 cases was 1.5 cells per c.mm. In 23 instances the colloidal gamboge and gold reactions were negative. An increase in the globulin content was observed in 9 instances.

Stupor.—The examination of the spinal fluid of two cases of stupor showed no positive findings.

Confusional Insanity.—In 8 cases of confusional insanity the spinal fluid showed no pleocytosis and negative gamboge and gold reactions. Two cases showed a slight increase in the globulin content.

Delusional Insanity.—The examination of the spinal fluid of 12 cases of delusional insanity revealed no positive findings. The average cell count of the 12 cases was 1 cell per c.mm.

(2) *General Paralysis of the Insane*.—The number of general paralytics admitted was 59, being 12.9 per cent. of the total admissions. With regard to age incidence the oldest case was aged 62 and the youngest 20. In 3 cases the ages lay between 20 and 30; in 20 cases between 30 and 40; and in 24 cases between 40 and 50; 3 patients were aged over 60.

A paretic curve with the colloidal gold reaction was obtained in 58 cases, and a similar curve with the colloidal gamboge reaction in 59 cases. Pleocytosis was found in 57 instances. The highest count obtained was 196, and the lowest 3.3 cells per c.mm. The average count of 54 cases was 42.8 cells per c.mm. It was not possible to show any definite relationship between cell count and clinical features, but it was noted that in patients in the third stage of the disease the tendency was for the count to be low. An increase of globulin was present in all cases.

The spinal fluids of 23 cases of this series were examined by dark ground illumination for the presence of *spirochaeta pallida*. This examination absorbed much time, which was amply repaid, however, by the discovery of a veritable spirochaetosis in the fluid of one case of juvenile paresis. This appears to be the first instance in which the presence of spirochaetes in the cerebro-spinal fluid of general paralytics has ever been recorded, and has been made the subject of a special report to the Medical Research Council, who supplied the apparatus necessary for this investigation.

The patient, E. M. E., was a girl aged 20, whose father had died from general paralysis of the insane in 1913. The Wassermann reaction on the mother's blood was positive.

At school E. M. E. reached standard VII., and was afterwards able to earn 2*l.* a week as a cardroom operator. In June, 1921, her articulation became impaired and her gait uncertain, and in April, 1922, mental symptoms appeared which necessitated her removal to the work-house Infirmary. On admission to this institution she was confused, restless and faulty in her habits. Her subsequent course was one of progressive dementia.

Organisms having the typical morphological appearances of *spirochaeta pallida* were found in her cerebro-spinal fluid on six consecutive occasions which covered a period of 41 days. Thereafter they disappeared and could not be again identified, although 12 more punctures were performed. Attempts at cultivation were unsuccessful, but motility of spirochaetes, preserved in vitro, was retained for 12 days. Fluid removed by cisternal puncture contained more spirochaetae pallidae than were seen in lumbar spinal fluid. Peculiar spore-like bodies attached to the ends or sides of the organisms were seen with the aid of dark ground illumination and similar bodies continued to exist in the fluid when the spirochaetes had completely disappeared.

(3) *Neuro-syphilis*.—Unsuspected syphilitic involvement of the nervous system was detected by examination of the cerebro-spinal fluid in six cases. The results of intensive treatment of these cases have proved on the whole very satisfactory.

Finally, it may be said that the routine examination of the cerebro-spinal fluid in all new admissions has been found to be of great assistance and has in many cases established a diagnosis which would otherwise have remained in doubt.

It is becoming more evident every day that the diagnosis of general paresis in its early stages offers greater difficulties than in the past, since the disease appears to be altering in type to the extent that the classical forms are now hardly ever seen, the mental symptoms often resembling those of a simple dementia, or more rarely, in fulminating cases, an acute delirium. Both of these types may show very few physical signs, and it is in such cases that examination of the cerebro-spinal fluid is particularly valuable. It is also a significant fact that four cases of juvenile paralysis have been under observation during the year 1922, whereas none were diagnosed during the preceding years. Such cases are probably not uncommon, but the bizarre character of their mental symptoms, and the absence of obvious stigmata of congenital syphilis have no doubt led to their being overlooked in the past.

5. *The Treatment of General Paralysis of the Insane.*

(a) By inoculation of Malaria Parasites (Wagner-Jauregg method of treatment).—Following the reports of various Continental writers of the very favourable results obtained by inoculation of cases of general paralysis of the insane with malaria parasites, it was decided to try this form of treatment in a number of cases of general paresis in this Institution.

On July 21st, 1922, three male cases of general paralysis were inoculated subcutaneously with blood, obtained by venous puncture, from a patient suffering from malarial fever. After an incubation period of 16 days, in one instance, and of 21 days in another, malaria parasites were detected in the blood of two of the cases, and attacks of malarial fever appeared.* Six intravenous injections of neo-salvarsan in increasing doses were then given at one week's interval.

The third patient inoculated failed to develop malaria, and attempts made to induce it by provocative injections of Phlogetan and adrenalin were unsuccessful. Later, this patient was again inoculated with malaria-infested blood and developed the disease.

The results obtained by this method of treatment in these two cases were so encouraging that further cases were inoculated with malarial blood and during the year 1922 a total of 16 cases have now been subjected to this form of treatment. A detailed report of the results obtained on the above series of cases will be published at an early date.

(b) By the subcutaneous injection of Phlogetan (Fischer treatment).—In a number of selected cases of general paralysis of the insane and of

* The malaria was checked by the oral administration of quinine, in one case after 11 attacks, and in the other after 15 attacks of fever

tabes dorsalis treatment by the subcutaneous injection of Phlogetan has been tried. In certain of the cases the results have been encouraging, and it is proposed to give this form of treatment a more extensive trial.

(c) Other methods of treatment.—During the year 1922 the following additional methods of treating cases of general paralysis have been tried, intrathecal injections of salvarsanized serum, intravenous injections of hypertonic saline solutions and neo-salvarsan and intravenous injections of neo-salvarsan with lumbar drainage.

VI.—FROM THE LANCASTER COUNTY MENTAL HOSPITAL, PRESTWICH.

Toxic-infective Lesions in the Central Nervous System. By Dr.

DAVID ORR, M.D., *Deputy Medical Superintendent,*
County Mental Hospital, Prestwich.

The research in “Toxi-infective lesions in the Central Nervous System” (*The Lancet*, 5th August, 1922), is being continued, and further experiments will be conducted to determine the influence of disturbance of the sympathetic mechanism in the localisation of the above lesions.

The experiments of last year will be repeated and extended; and the results communicated in due course.

VII.—FROM THE LONDON COUNTY MENTAL HOSPITAL, HORTON.

Clinical and Pathological Investigations. By Dr. J. J. GASPERINE and
Dr. G. F. PETERS.

		No. of examinations made.
Urine	- Routine chemical and bacteriological examination of - - - - -	593
„	- Sugar estimations - - - - -	25
Stools	- Complete examination for Enterica organisms B. Dys. E.T.C. - - - - -	67
„	- No. of stools containing B. Typhosus - - - - -	4
„	- „ „ „ B. Dys. - - - - -	—
„	- Stools containing a virulent type of B. Coli Morgan's No. 1 - - - - -	1
„	- Stools containing B. Alkaligines - - - - -	1
„	- „ „ B. Coli Aneragines - - - - -	1
(67 Stools were examined from 44 patients, the stools of 41 patients contained no infective organism.		
From the stools of three patients B. Typhosus was isolated.)		
Blood	- Agglutination for Enterica Group. (Five found to have agglutinins for B. Typhosus) -	9
„	- for Wasserman's reaction - - - - -	33
„	- for cell counts - - - - -	5
Pus	- Examination for pathogenic organisms - - - - -	5
Throat swabs and culture for B. Diph., &c.	- - - - -	18
Sputum	- Examination for T.Bs. and other pathological organisms - - - - -	22
(T.Bs. found in 10 specimens.)		
Tissues	- Numerous histological examinations of brain and spinal chord and other tissues were made.	
Post Mortem examinations	- - - - -	83

The Etiology of Diabetes.—Several stools from diabetic patients were examined and a starch splitting organism similar to that described by Renshaw and Fairbrother in the *Lancet* of April 29th, 1922, was found

Our investigations were, however, not extensive enough to warrant any conclusions of importance to be drawn from them. In some cases *B. Subtilis* was isolated. Stools from non-diabetic patients were used as controls, and in them the starch splitting organism was not found.

VIII.—FROM THE COUNTY MENTAL HOSPITAL, STAFFORD.

Infection in Mental Hospitals with special reference to floor treatment. By Dr. B. H. SHAW; published in the *Journal of Mental Science*, January, 1923.

The paper embodied the results of bacteriological analysis of dust from wards with polished and scrubbed floors and showed the effect of sweeping and polishing on air pollution. Attention was directed to the possibility of dysenteric infection from the soil of airing courts and to the role of flies as carriers of infection from ward to ward. It was shown that scrubbed floors were more hygienic than polished floors and that the constant sweeping and polishing of floors had a serious influence on air pollution by pathogenic organisms, and it was pointed out that the installation of a vacuum dust extraction system is a very effective means of reducing infection in Mental Hospital wards.

IX.—FROM THE CHESHIRE MENTAL HOSPITAL, PARKSIDE.

Original Research Work. By P. B. MUMFORD, M.B., M.R.C.P.,
Visiting Pathologist, and G. G. PARKIN, M.B., Deputy
Medical Superintendent.

Investigation is being carried out as to what relation, if any, exists between the quantity of sugar present in the blood and the mental and physical activity of the patient.

In the examination of a series of about 50 cases, chosen at random, and of the same cases taken at varying intervals, it was found that emotional and physical hyperactivity were accompanied by a considerable rise in the sugar content of so-called "fasting-blood"; and that, if this mental and physical condition continued for more than a few weeks, the metabolic balance became re-adjusted and the blood sugar fell nearer the normal level.

X.—FROM THE BIRMINGHAM CITY MENTAL HOSPITAL, RUBERY HILL.

Colloidal Calcium in Malnutrition, Chronic Sepsis and Emotional Disturbance. By T. C. GRAVES, B.Sc., M.D.,
F.R.C.S., Medical Superintendent.
The Lancet, 1922, II. 957.

The article explains the reasons which prompted the investigation of this mode of treatment. Cases are quoted illustrative of the response to the treatment which is regarded as biochemical rather than drug medication. It shows that calcium can, as the oleate or in a combination with lecithin—lecithin probably acting amphotERICALLY—be injected into the tissues without causing sloughing at the injection site.

The observations of numerous workers on the functions of calcium in the body are quoted which point to the conclusion that calcium, as distinct from the other alkalies and alkaline earths, has a specific function in the body.

It is concluded from the observations on the cases quoted that calcium has a stabilising action on bodily functions affecting metabolism and thus on the biochemical deviations from the normal which find their expression in the clinical manifestations of malnutrition, chronic sepsis, and emotional disturbance.

XI.—FROM THE DORSET COUNTY MENTAL HOSPITAL.

1. *A case of Insanity associated with Pregnancy and Exophthalmic Goitre.* By Dr. G. E. PEACHELL.

(Paper read at S.W. Divisional Meeting of M.P.A., April, 1922.)

The object of this paper was to show, with full postmortem and microscopical examinations, the inter-relationship of the ductless glands; the influence they have on general metabolism and on the external secretory organs, especially the kidneys and pancreas. It would appear likely that had the thyroid been healthy and there had been no upset of the hormone balance, the kidneys would have met the strain of pregnancy successfully, and the patient would not have become insane.

2. "*B. coli* infection in Mental Hospitals." By Dr. E. BARTON WHITE.

(Paper read at S.W. Divisional Meeting of M.P.A., April, 1922), and subsequent investigations on the same lines dealing with:—

(1) The presence of a typical coli, and the intestinal infections suggested to be caused by these.

(2) Pathogenicity of *b. coli* favoured by transference from one individual to another being probable in Mental Hospitals.

(3) The question of *b. coli* causing some of the inflammatory symptoms in Enteric Fever and Bacillary Dysentery.

(4) The effect of alterations in the decomposition of the food, particularly in the deranged metabolism of the insane. In the varying degree of production of lactic and amino acids tending to favour atypical forms.

(5) The detecting of invertebrate carriers, including the house fly, common gnat, cockroach, which showed *b. coli* in the intestinal tract, and on the abdominal hair of the blue bottle fly and on the tibiae of *blatta germanica*.

Isolation of an anærobic bacillus from blood culture during acute multiple arthritis following dysentery in a case of chronic mania.

Periodical Bacteriological examinations of water supply.

Routine Widal reactions for *b. typh* and paratyph. A. and B.

3. *On the comparative advantages of the use of Bromides, Luminal, Potassium Boro-tartrate (Fr.) and Colloidal Calcium in the control of Epileptics.* By Dr. HERBERT SMITH.

It appeared that, in lessening the number of fits, luminal is more effective than the other drugs employed. Cases on luminal which had previously been under Bromide treatment showed, over a period of six months, for one-third to one-quarter of the number of fits together with improvement in temper and bodily weight as compared with a preceding six months period on Bromides. In each case, however, there was a period of increased mental irritability lasting for from 5 to 10 days, after commencement of treatment. The drug showed definite control of nocturnal or diurnal fits in accordance with the administration being either in the early hours of the evening or in the morning. Results with Pot. Boro-tartrates (Fr.) were unencouraging and not in accordance with the findings of recent writers. Pot. Boro-tartrate from one source only has been tried, no comparison being attempted between varieties of the drug as produced by different manufacturers. Cases treated with colloidal calcium for two months showed no alteration.

XII.—FROM THE HERTS COUNTY MENTAL HOSPITAL, HILL END,
ST. ALBANS.

*Observation on the treatment of Epilepsy with Borax and
Bromide.* By Dr. W. J. T. KIMBER, *Senior Assistant
Medical Officer.*

Borax and bromides have been used in the treatment of 22 epileptic patients. The dosage was ten grains each of Borax, Sodium bromide, and Potassium Bromide, given twice daily in water. Several of the patients have been under treatment for over two years.

It would appear that distinct benefit may be expected from the treatment in suitable cases, both as regards reducing the number of fits and in improving the general mental condition of the patients.

The most suitable cases are those having numerous fits (two or more a week); while, in cases where the fits are less frequent than this, satisfactory results from this line of treatment must not be anticipated.

APPENDIX A.

REPORT by Dr. BOND and Dr. ROTHERHAM (Commissioners of the Board of Control) upon their visit to Prestwich Asylum on the 27th, 28th and 29th September 1921.

THE BOARD OF CONTROL,
66, Victoria Street, S.W. 1.

In accordance with the wish of our Board we have visited the Lancashire County Asylum at Prestwich, which is easily identified as the institution to which main reference is made in the recently published book entitled: "The Experiences of an Asylum Doctor," by Montagu Lomax; and we have made careful inquiry into all the more important of the allegations made in this book.

Our visit was paid direct from London and was entirely unannounced. On our arrival at 11 a.m., on the 27th, we saw the Medical Superintendent (Dr. Perceval) who, at our request, took us at once to the wards occupied by the types of male patients against whose treatment most of Dr. Lomax's strictures are levelled, and to the airing-court in which the arrangement referred to in the book as the "pen" is alleged to have existed. We then inspected the whole of the male side of the main building, which accommodates some 819 patients, and later paid a surprise night visit to these wards between 11 p.m. and 1 a.m., when we examined all the single-rooms which, including nine cubicles, are 167 in number.

The whole of the following day was mostly spent in examining daily records, especially those relating to the male wards and the dispensary. This work extended into the third day of our visit and after its completion we revisited some of the male wards, saw a few of the female wards and some of the out-buildings, especially those places at which the disposal of sewage is carried out with the assistance of patients. We did not inspect the annex nor the majority of the female wards; and our report is concerned mainly with the male wards in the main building which were those in which Dr. Lomax worked. We also, as far as possible, limited our inquiry to ascertainable facts, and relied only to a small extent on opinions given us by others, and not even then without some corroborative evidence of their reliability.

Throughout our visit we received every possible assistance from Dr. Perceval and much help from Dr. Logan and Dr. Nicole, the two Medical Officers in charge of the male wards, as well as from the two Chief Attendants and the Dispenser. In what follows, for the sake of brevity, Medical Superintendent is signified by M.S., Medical Officer by M.O., and Dr. Lomax by Dr. L. The expressions which are underlined indicate those allegations which we have investigated, and the figures placed against them indicate the pages in the book where they may be found.

Prestwich Asylum was originally opened for 350 patients in 1851. Three years later additions were made to it and again in 1863, by which the accommodation was increased to 1,000 beds. As the result of subsequent additions, including the opening in 1883 of the Annex (about half a mile from the main building) for 860 patients of the chronic type, the accommodation by that date was for 2,300 patients. In 1890 a good pathological laboratory was built and equipped. Between that date and 1907 some five other wards were erected, including two first-rate infirmaries—one for each sex—since when the total accommodation has been for 2,707 beds, 1,282 for men and 1,425 for women. These numerous and extensive additions have naturally entailed many structural changes in the administrative buildings, and on each occasion opportunity has been taken to effect important improvements in them. Among other improvements projected was the abolition of the earth-closet system of sewage disposal, which has been postponed until cost of materials and labour become less prohibitive.

No attempt at classification (see pp. 39, 55).—The classification of patients in the main building is chiefly according to behaviour and bodily state. The nine male wards are utilised as follows: (i) reception (twelve beds only), (ii) infirmary, (iii) epileptic, (iv) suicidal cases, (v) very troublesome, (vi) less troublesome, (vii) quiet, including parole patients, (viii) workers and convalescents, and (ix) feeble but not infirm.

We consider the scheme proper, and satisfied ourselves that it is in fact carried out. It is noteworthy, as corroborating this, that—(a) in six of the months during which Dr. L. was in office, of the 51 patients discharged recovered during that period, 31 were at the time of their discharge living in the convalescent ward and nine were in the infirmary; and (b) of 26 epileptic patients in the male wards during his time, 17 were in the epileptic ward and 4 others were in the infirmary.

The reception ward for males contains only 12 beds, and is in reality used as a place in which the M.O. can gain a knowledge of the patients before they are classified and sent to the ward most suitable to their requirements. It is not an “admission hospital,” where they can be treated for long periods, as we should like to see; and the system is one which does not usually obtain in asylums: but we see no valid reason either to condemn it or even under suitable circumstances to criticise it adversely. While during Dr. L.’s residence part of the infirmary was used as the admission ward, the particular ward now used for this purpose unfortunately has no dormitory, and all the twelve patients have of necessity to sleep in single-rooms; we cannot believe that this is a good practice, and hope it will be altered at an early date.

The view which Dr. L. apparently entertains (pp. 53, 55) that patients should be classified according to their mental state, would inflict acute distress upon them and would be condemned by all with adequate experience upon the matter; it is also inconsistent with his own extraordinary suggestion (p. 90) that patients known to be glass-breakers should be collected in a properly protected ward.

Lack of consultation by M.S. with M.O.’s with reference to patients brought up for discharge (see p. 21):—

The usual routine is:—

- (1) Consultation, in absence of patient, between M.S. and M.O. recommending case.
- (2) M.S. subsequently interviews each such patient in private.
- (3) M.S. discusses further with M.O. any case with whose discharge he does not concur.
- (4) M.S. occasionally himself adds a case to the list.

Private interviews with patients against the rules, and no facilities for such (p. 42):—

It is true that there is no special room in any ward for this purpose; but we were informed by the M.O.’s that not only are such interviews quite possible, but that they frequently take place. We are satisfied that this is so.

Distinctive and humiliating garb (pp. 21, 57–59).—The clothing of the patients might be improved, especially in variety of cloth and cut of garments; but to describe it as distinctive is ridiculous and is contradicted in the book itself (p. 29), and to call it humiliating is a travesty of the truth.

1. *Against regulations to wear overcoats* (p. 57):—

2. *No overcoats for attendants* (p. 194):—

1. It is not true to say that it is against the regulations for patients to wear overcoats, and, as a fact, fifty are supplied for certain patients. The other out-door garments supplied are 103 cardigan jackets, 162 guernseys, 55 waterproof capes and 9 waterproof coats.

It appears to us that the above quantities of out-door garments are wholly insufficient for the needs of some 800 patients. We consider—and this has more than once been pointed out in Visiting Commissioners' reports—that sufficient overcoats should be supplied to enable every patient who can be got to wear one to use it when out of doors in cold weather.

2. We understand that some time ago the Lancashire Asylums Board decided to issue an overcoat to each attendant, and that this will be done in the near future.

1. *Most of the asylum boots are made on the premises (p. 105).*

2. *Scores of cases of blistered heels and inflamed toes and festered corns are caused every year by the roughly made and badly fitting boots (p. 105).*

1. This is not a fact, and does not appear ever to have been so. All boots are bought by contract. We examined them, and they appeared to be well made.

2. We were informed by the M.O.s that no such case was under treatment to-day on the male side. One M.O. has not had such a case during the five months that he has been on the male side. The other medical officer has had about once a month to treat a patient for his feet, the usual complaint being soreness of the front of the ankle caused by the boot not being properly laced up. Both M.O.'s disagree entirely with Dr. L.'s statement.

1. *Single-rooms unheated in reception block (part of an infirmary) (p. 45) :—*

2. *Pitch-dark and evil-smelling "cells" (p. 72) :—*

1. Not only are all the single-rooms in this block, without exception, heated with steam pipes, but they were so heated during both winters Dr. L. was in residence. Only 20 per cent. of these rooms are not heated. The unheated rooms all open out of galleries or other rooms which are heated by pipes or open fires or both, and thus are kept sufficiently warm except perhaps for those patients who constantly remove their clothing. There should be no difficulty in always treating such patients in the heated rooms.

2. At night a small proportion of these rooms are unavoidably quite dark unless the electric light with which each room is provided is lit; but the great majority have, over the door, glass or wire covered openings between them and the adjoining galleries or other rooms, and through which a sufficiency of light can be obtained. We were informed that no patient who objects to sleeping in the dark inhabits the dark rooms without the light being left on. During the day the large majority of these rooms are sufficiently lighted, even when the window shutters and the door are closed (a very rare occurrence according to our information). Under similar circumstances the same small proportion of the rooms are very dark, only receiving light through a small ventilator. These rooms are seldom or never used through the day.

The rooms vary in size and character, but we could find no fault with the ventilation of any, and sufficient air space is provided in each. We personally entered the majority of them during the night, at least four hours after the patients had gone to bed; and found all, with the exception of two in which patients had recently been dirty, quite sweet and free from any kind of "evil smell." We received no complaints from those sleeping in the dark or from any other patient except that one man requested us, somewhat urgently, to go away and not disturb him. It is noteworthy that during this visit there was a complete absence of noise among the 824 patients, and that for only three of them had sedatives been ordered.

A number of patients in these rooms sleep in strong rugs on a mattress on the floor, on account of their dirty, destructive and dangerous habits. We were informed by the medical staff that it is their common practice to try and get these patients to sleep in ordinary clothes on bedsteads and to induce them not to be destructive; but we think that more might be done in this way, though we recognise that the proportion of dangerous and difficult cases in this asylum is very large.

1. "*Behind the table*" as a tantalising form of restraint, and as a "*punishment*" for minor offences (pp. 47-50):—

2. The "*pen*" an enclosed airing-court corridor, barred on its open front, as a place for outdoor exercise (pp. 60-63):—

1. In any asylum, should patients become excited, dangerous or destructive they must necessarily be prevented from harming themselves or others, and reasonable endeavour must be made to meet destructive proclivities. If treatment in bed is not thought desirable, they are naturally made to sit down where there is the least opportunity of their doing damage to themselves or others or destroying furniture, breaking glass, &c., and where attendants are able to intercept them should they attempt any maniacal act.

This is done, and obviously the most convenient place is behind one of the large ward tables. We see no objection to this treatment of certain patients for short periods.

2. The so-called pen was a simple enclosure formed under one end of a long covered airing-court shelter by placing a row of seats at the outer side. This enclosure was only formed during the war period to meet shortage of staff, and it is entirely absurd to call it a "*pen*."

It must be remembered that, while during the war the male attendant staff was very short in numbers and was largely composed of inexperienced men of advanced age, the patients themselves were no less dangerous, destructive and difficult to manage.

Our Board recognised this fact at the time in circularising asylum authorities in February, 1915.

Taking all the circumstances of the time into consideration we consider that, though it was necessary to curtail the patients' liberty to a greater extent than in peace time, in order to maintain necessary discipline, no unavoidable or too drastic methods were used.

Our Board would strongly criticise any routine or excessive restriction of the patients' liberty in those or other ways should it come to their notice, and have indeed for a long time past advocated the greatest possible freedom provided reasonable precautions are taken to prevent accidents or other untoward occurrences.

Drugging and purging (p. 39):—

Hundreds of routine sedative and hypnotic draughts (p. 97):—

Aperients given at whim of attendants (p. 100):—

Administration of croton oil as a means of "taming" troublesome patients (p. 100):—

There is a strict rule—and close inquiry revealed to us no evidence of its breach—that no aperient medicine of even the simplest kind (such as black draught, white mixture, cascara, &c.), may be given without a medical order. We examined all the records for the period of Dr. L.'s service and those covering part of the current year, and found that neither the doses given nor their frequency have been in any way excessive. We noticed here and there some evidence of slackness in the past, in signing for them: but were assured that the orders, even if the M.O. had omitted

to sign them, had in fact been brought before his notice and been approved by him.

From 1st October 1917 to 3rd June 1918 (one period of Dr. L.'s residence), 580 sedatives were prescribed. This means that approximately 0·3 per cent. of the patients received a sedative every day, which does not appear to us to be in any way excessive.

Croton oil has been given by the medical staff for years. It has clearly been prescribed with due care, the name of each patient for whom it was ordered being always written down; and in every instance the dose, either one or two drops, has been entered by the M.O., except by Dr. L. himself. Subjoined are the number of doses prescribed during various periods :—

1914, January to June ...	...	540
1917, April to September ...	...	396
1917, October to March...	...	333 (of which Dr. L. prescribed 253).

This means that during the first period approximately 0·4 per cent. of the patients were given a dose every day, and during the second and third approximately 0·3 per cent.

Croton oil is still given by the medical staff, and we are quite satisfied that it is only given for strictly proper medical reasons, and certainly not as a "punishment." Our reasons for this belief are based upon close questioning of the M.O.'s, conversation with several patients to whom this drug has been given on a number of occasions, and upon a scrutiny of records in books which showed that there has been no systematic relation between the ordering of the drug and the patient's unruly conduct.

It is interesting to know that during Dr. L.'s second period of residence, from September, 1918, to July, 1919 (318 days), the records show that, while it is true he never prescribed croton oil for any patient, it is also a fact that during the same period he prescribed no medicine of any kind for his patients except on 18 days.

Patients were discreetly limited in what food was obtainable in order that the remaining members of the asylum population, i.e., the medical officers, attendants and nurses, and all those holding minor official posts, should not suffer (p. 120).

Increasing death-rate which was attributable to the prevalence of tuberculosis . . . and to that new and somewhat mysterious "disease," euphemistically described as "senility" (p. 120).

Had it not been for extra food (brought by patients' friends), the death-rate from "senility" would have been further increased (p. 124).

The records show that :—

1. The expenditure at this asylum on provisions during the years 1919–20, as compared with that in 1913–14, shows an increase of 103 per cent. in the case of the patients as against 48 per cent. on behalf of the staff.

2. During Dr. L.'s two periods in residence (1st October 1917 to 3rd June 1918 and 5th September 1918 to 20th July 1919), 35 patients (24 men and 11 women) were certified as having died from senility, of this number—

1	was	92	years	of	age.
5	were	from	80	to	90 years of age.
16	„	„	70	to	80 „ „
9	„	„	65	to	70 „ „
4	„	„	63	to	65 „ „
1	was	60	years	of	age.
1	„	55	„	„	

The man aged 60 was certified as having died from premature senility and pneumonia, and the woman aged 55 from senile decay and chronic renal disease.

Nowhere is monotony more apparent and a greater source of dissatisfaction than in the meals served in most of our large public asylums (p. 122).

The unjust and unequal distribution of the sufficient and available food (p. 123).

The careless and unscientific cooking.

Lukewarm tasteless tea, barely sweetened, and of very poor quality (p. 123).

Never once saw any fresh salads or fruit upon the table (p. 124).

We consider the dietary sufficient in quantity and bulk, and that it contains all essential ingredients. Its adequacy in amount is indeed attested to by Dr. L. himself in his use of the words which he has placed in italics—"sufficient and available food"—and in his reference (p. 123) to bread, of which he says "they could have as much in reason as they wanted."

We concur in the criticism as to monotony and, prior to the appearance of Dr. L.'s book, attention has more than once been drawn to it by Commissioners—see the reports of their visits to this asylum in June, 1920, and February, 1921.

Monotony in institutional dietaries is by no means confined to asylums. It is not to be defended; but it is a fact that there is far less dissatisfaction felt or expressed as to it than might be expected.

That the food was sometimes unequally distributed among the patients during the war, is probably true, especially on the male side; and this is not to be wondered at when it is recalled that out of the 212 attendants, 131 were on active service, their places being only partially filled by untrained men.

We saw no evidence of careless and unscientific cooking during our three days' visit; indeed, quite the contrary. The kitchen, prior to the war, was modernized and fitted with a thoroughly up-to-date plant. It and its arrangements generally are such that any institution may well be proud of them.

We examined and tasted the tea as it was leaving the kitchen for distribution. It was of reasonably good quality and had been made with condensed milk in lieu of fresh milk, the whole of which (unskimmed) is absorbed in sick diets and milk puddings. It was moderately sweetened—too much so for our taste. It was practically boiling hot; so much so that we were disposed to comment on its danger, and we later observed that our fear in this respect was not without foundation; for in the ward "daily occurrence" books, both recently and in Dr. L.'s time, we noted a few entries of minor scalds, the result of spilling of hot tea.

Fruit, prior to the war, when not available from the farm, seems to have been regularly purchased for the patients; and we hope that this practice will soon be renewed. We were informed that salads during the summer months are supplied to the patients at tea-time once or twice a week, and of this fact there was already confirmation in the records at our office.

It is noteworthy that the entries in the visitors' book show that the Committee expressly note the visits they pay to the male and female dining halls and the kitchen; and that, even in Dr. L.'s short period of office, there were at least four occasions—October 1917, May and December 1918, and January 1919—when they paid such visits.

1. *Practically complete absence of any adequate provision for hospital treatment (p. 216) :—*

Instruments old, dirty and neglected (p. 216) :—

Great dearth of hospital dressings, surgical bandages, &c., and no means of sterilising instruments or towels (p. 216) :—

2. *No proper surgery (p. 218) :—*

3. *No ophthalmic test-lenses were kept (p. 222) :—*

Provision of spectacles was largely in the hands of the head attendants (p. 222) :—

1. There is on each side (male and female) a good infirmary block, that on the female side being specially excellent. A first-rate supply of surgical instruments is and has always been kept, sufficient for all but very special operations. If any special instrument is required it is always obtained regardless of cost—as happened a few weeks ago. We saw the instruments and found them to be clean, in good condition, and methodically kept. The supply of dressings and bandages at the time of our visit was ample; but it is possible that during the war—though we obtained no evidence of this—there was some shortage.

There has always been a steriliser available, and sufficient for all ordinary purposes. It was produced to us.

2. The surgery is poor and we think some other room should be set aside for minor operations. There is no operating theatre, a matter which—having regard to the large size of the institution—we hope will receive attention at some future date; but there is no difficulty in providing a suitable room, &c., for any large operation. When such operation is necessary a skilled surgeon from Manchester is called in to perform it.

3. An excellent set of ophthalmic test-lenses is and has always been kept.

Absence of trained surgical or medical nurses.

No female nurses on male side. No nurses with training in a general hospital (see p. 216).

Systematic training of the nursing staff, male and female, which normally prevails, unavoidably fell into abeyance during the war. It has not yet been renewed. We hope that early steps will be taken to do so. Normally it includes training in ordinary medical and surgical nursing, with special attention to mental nursing.

The desirability of nursing male insane patients by female nurses is a matter upon which opinions differ. The Board of Control strongly advocate it under suitable conditions and for properly selected cases. About 20 per cent. of asylums adopt the system, but it is not one which will be furthered by undue pressure.

It is very difficult at present to get general hospital trained nurses to go in for mental nursing; and a considerable number of asylum authorities prefer nurses trained only in mental nursing.

From our inspection of the infirmary wards, we saw no reason to find fault with the mode or standard of the nursing being carried out.

Improperly low proportion of attendants to patients (Dr. L. accepts one to ten as sufficient) (p. 64) :—

This proportion in marked abeyance even before the war (p. 52) :—

The following table shows the proportion of male attendants to patients during the pre-war period, the war period, and after the war, for the whole of the institution and for the male wards in the main building :

Whole Institution.				Main building.
31st October, 1914	approximately	1 to 6		1 to 5·4
„	„	1917	„	1 to 12
„	„	1918	„	1 to 11
„	„	1920	„	1 to 13
„	„		„	1 to 11·6
„	„		„	1 to 7
„	„		„	1 to 7

The average for all County and Borough Asylums in January, 1921, was 1 to 7·3.

It should be remembered that for the past two years the hours of duty worked per week have been considerably less than formerly, and therefore that the present staff is not so strong as it perhaps appears.

The male staff in nearly all asylums were necessarily much depleted during the war; but the calling up of attendants for naval and military service was done mainly under the supervision of the Board of Control.

The earth-closet system and "closet-barrow gang," their work exhausting, unhealthy and productive of fatal illnesses; and the patients made to take breakfast in a "bleak, miserable-looking outhouse" without a door (see pp. 106-110).

Prestwich is the only asylum in England and Wales at which the earth-closet system now exists. Despite its obvious disadvantages, the health of the institution has in usual times been good, and it has been difficult to impugn the system upon other than sentimental grounds. Nevertheless the Committee had decided to abolish it just before the war broke out, and they intend to do so as soon as money is available.

The excreta are removed daily by a party of nine patients and two members of the staff, who do not merely supervise, but share the work with them. We spent some time in watching these operations.

The work lasts from soon after 8 till 11.30 a.m., and is certainly not exhausting; but, to anyone not used to it, it would be regarded as highly unpleasant, though not more so than that performed by men at work in the sewers of towns.

It might easily be regarded as unhealthy; but despite Dr. L.'s citation of three deaths in 1917, there is no evidence that it really is so. One patient has been a member of the present party for ten years without, it is said, a day's illness, two for seven, two for six, three for four, and one for three years. We saw and spoke to each of them. They all looked to us in good health and well cared for. They are all of very low mental type, which perhaps accounts for the air of contentment and cheerfulness with which they were going about their unpleasant work.

The deaths which Dr. L. cites occurred at a time during the war when the death-rate was very high and, irrespective of their occupation, their incidence is not the least surprising.

We inspected the "bleak, miserable-looking outhouse." It is a well-built brick shed, provided with two windows; and even without its door, which (as stated by Dr. L.) was removed by order of the Superintendent, provides far better shelter than satisfies many outdoor workmen. The party partook of their breakfast there without the knowledge of the Superintendent, who stopped the practice so soon as he heard of it. The shed is still used as a place in which to put on overalls, and even without its door, we see not the slightest objection to its use.

Lack of pathological and research work, and no encouragement to do it (p. 150):—

Dr. Orr, a skilled pathologist, has been a member of the resident medical staff for years, and his many publications are well known. He is now deputy Medical Superintendent, but continues to carry on his research work with the assistance of another of the medical officers. It may be of interest to remember that our Board has made monetary grants to Dr. Orr to aid him in this work until the present year, when the distribution of such Government grants was handed over to the Medical Research Committee.

Visiting by Committee practically a dead letter (p. 210).

" I myself never saw a visitor in the male wards " (p. 210).

During Dr. L.'s first period in residence (eight months) members of the Committee visited parts of the institution on ten different dates, and on six of them went into male wards; during his second period (ten and a half months), they visited on eight different dates and on four of these visited male wards.

Alleged " window-dressing " at visits by Commissioners (see pp. 77-82)—So far as it is possible to inquire into such a suggestion after so long an interval, we found no evidence at all in support of it. We closely examined the records showing the patients confined to bed on account of excitement, and compared the number on days when Commissioners were inspecting the institution with the number on each of seven days before and seven days after these visits. We did this for each of the three visits paid during Dr. L.'s tenure of office and during the two subsequent years, 1920-21. In only one year (1919) did the figures suggest that patients in bed in single-rooms might perhaps have been got up on account of the presence of Commissioners. A satisfactory explanation was given us and the notion is otherwise contradicted by the figures of other years.

(Signed) C. HUBERT BOND,
A. ROTHERHAM,
Commissioners of the Board of Control.

APPENDIX B.

THE BOARD OF CONTROL,
66, Victoria Street, S.W. 1.

9th February, 1923.

SIR,

THE Board of Control desire to refer to the Report of the Committee (presided over by Sir Cyril Cobb) on the Administration of Public Mental Hospitals (Cmd. 1730), which has now been carefully considered by the Ministry of Health and by the Board. The Report, while disposing in the main of the allegations which Dr. Lomax made against the administration of Public Mental Hospitals generally, contains a great number of helpful suggestions and valuable recommendations; and it will repay careful study by all concerned with the care and treatment of the insane.

The recommendations of the Committee will be found in paragraph 37 of the Report, and in commending them to the consideration of the Visiting Committee, I am to make the following observations:—

(a) There are several recommendations which can be adopted without involving heavy financial commitments.

These are as follows:—

Recommendation (ii).—That in classification some account should be taken of the home conditions and surroundings from which the patient comes.

Recommendation (iii).—That the superintendent should be a medical practitioner, and that in future appointments preference should be given to those who have obtained a Diploma in Psychological Medicine, and who have served the office of house-surgeon or house-physician in a general hospital. That a small Advisory Board, preferably associated with the Board of Control, should be available for consultation by Visiting Committees when making these appointments.

(The Board agree that the head of the institution should be a medical practitioner and they wish to emphasise the importance of his

possessing high medical attainments, of his having had ample experience in the hospital treatment of mental disorders and of his being fully conversant with the use of the laboratory as an adjunct to treatment.

In addition to these medical qualifications he must be a man of tact and sympathy, with kind and thoughtful regard for the comfort and well-being of the patients, with ability for organisation and the delegation of detailed work to suitable officials working under him.

The Board are of opinion that, save in exceptional circumstances, the post of Medical Superintendent should always be advertised.

The Board of Control have arranged to call together a small Advisory Committee whenever a Visiting Committee wishes to consult them in regard to new appointments to the Office of Medical Superintendent.)

Recommendation (iv).—That the number of assistant medical officers should be increased, and full facilities given for study leave; that a proportion of the medical staff in mental hospitals should be recruited from those who have had some previous general experience as house-surgeon or house-physician; that the appointment of consultants and of a visiting dental surgeon to all large mental hospitals is desirable.

(The Board attach much importance to the advantage to be gained by the appointment of Visiting Specialists. Experience shows that the cost of such appointments need not be great. The Board are glad to observe that at most Institutions the services of a Dental Surgeon have already been arranged for. This should be the practice at all Institutions: it is of great importance that proper attention should be given to the teeth of the patients. In reference to the appointment of Assistant Medical Officers the Commissioners desire to remind the Visiting Committee of the Board's Circular of March, 1920, as to Medical Staff—copy enclosed.)

Recommendation (viii).—That the employment of patients in workshops and the occupation of patients who might otherwise do nothing, would be improved, especially in regard to the variety of work, by the appointment of a special officer at each institution to act as Occupations Officer; that the possibility of the payment of commensurate remuneration to patients doing useful work should be considered.

(Every endeavour should be made to provide patients with occupation and, as far as possible, to arouse their interest. The question of authorising payment to patients is under consideration.)

Recommendation (ix).—That Visiting Committees should consider the desirability of providing letter boxes in which patients can post their letters; and that in every ward a notice should be posted up informing patients of their right to forward letters unopened to the authorities prescribed by section 41 of the Lunacy Act, 1890.

Recommendation (x).—That the organisation of after-care work needs to be considerably strengthened and extended particularly in the provinces, with a view to facilitating the discharge of patients who, though not fully recovered, could dispense with institutional care if suitable sheltered conditions were provided outside.

That notices should be placed in the waiting rooms of public mental hospitals to inform friends and relations of patients of the provisions of section 79 of the Lunacy Act, 1890, empowering them to make application for the discharge of a patient.

(As regards After-Care, the Board agree with the Committee that its importance can scarcely be over-estimated, and they wish to draw

special attention to the observations of the Committee on pages 62 to 64 of this Report. This subject was placed upon the Agenda for the Conference on Lunacy Administration which was called by the Board of Control in January, 1922, and attention is drawn to the remarks dealing with After-Care on pages 116 to 118 of the Report of the proceedings of that Conference.

The Board suggest that Visiting Committees should call local conferences with a view to the formation of local branches of the Mental After-Care Association, Church House, Dean's Yard, Westminster, S.W. 1. It is anticipated that some enabling provision will be included in the proposed Mental Treatment Bill, which it is hoped to introduce in the coming Session, but voluntary action should not be delayed pending the passage of the Bill. As regards section 79 of the Lunacy Act, 1890, the Board agree with the Committee as to the importance of drawing the attention of friends and relatives to the provisions of this section, but they think it preferable that this should be done in the Rules as to Visitation. The matter is being dealt with by the Special Committee which the Board have established to consider the clinical and other records at present sitting.)

Recommendation (xii).—That the possibilities of co-ordinating the higher research work by concentrating it in a few fully-equipped institutions, which could be used as training centres, should receive careful consideration.

(There can, of course, be no question as to the importance of research in regard to mental illness. The Committee draw attention to the fact that a large amount of valuable work is now being done in many mental hospitals. But notwithstanding this fact, the Board consider that much more extensive use should be made, as a routine matter and by the aid of the laboratory, of modern methods of diagnosis and treatment.

It is intended to include a clause in the proposed Mental Treatment Bill facilitating the combination of local authorities for any purpose, including research and the provision of properly equipped laboratories.)

Recommendation (xiii).—That the Visiting Committees should be strengthened by the co-option of persons who have special qualifications and time to devote to the work; failing special legislation, this could be effected to a large extent if the authorities availed themselves of the powers provided in sections 28 and 66 of the Mental Deficiency Act, 1913; that apart from Official Visiting Committees, Local Authorities should consider the desirability of authorising a small unofficial committee of responsible persons to visit their mental hospitals from time to time and report thereon; that greater facilities should be allowed for friends and relatives to see patients in the wards of mental hospitals.

(With regard to co-option, a provision will be inserted in the proposed Mental Treatment Bill.)

Recommendation (xv).—That the attention of the authorities should be drawn to the following:—

- (a) the character of the arrangements for the daily toilet in mental hospitals;
- (b) the number of hours during which patients are kept in bed;
- (c) the importance of tact and consideration on the part of officers and other members of the staff of mental hospitals in dealing with the friends and relatives of patients;
- (d) the possibility of facilitating the transfer of certain chronic patients.

(The recommendations affecting the daily comfort of the patients should receive the special attention of the Visiting Committee.)

(b) The following recommendations are to a larger extent dependent on financial considerations; and, in drawing the attention of the Visiting Committee to them, the Board are fully aware that the present moment is not opportune for embarking on schemes involving heavy financial commitments :—

Recommendation (i).—That for the future the size of mental hospitals should, so far as possible, be limited to accommodation for 1,000 patients of all classes, and that the advantages of a central institution of relatively small wards supplemented by a series of detached pavilions should be carefully borne in mind; in particular, the reception wards and convalescent wards should be in separate buildings from the main wards of the institution.

(This suggestion need not necessarily be considered until the occasion arises for the provision either of a new institution in any area or the enlargement of an existing one.)

Recommendation (v).—That the Departmental Committee on the Nursing Service should be asked to consider the following suggestions :—

- (a) some distinction should be made between the two duties of mental nurses, namely, nursing proper and social duties; that the hours devoted to the former should be relatively few, but that more time should be given to the latter; and that the present rigid system involving short shifts of duty should be discontinued;*
- (b) the mental nursing service requires co-ordination with the general body of nursing, and steps should be taken to attract a better class of probationer, particularly in the case of female nurses;*
- (c) every institution should have at least one fully qualified hospital nurse on its staff.*

Recommendation (vii).—That the diet of mental hospitals generally requires improvement in the direction of greater variety; and that patients who are allowed to stay up after 8 o'clock should be given some light refreshment during the evening.

(These recommendations as regards the nursing service and the improvement of diet are already the subject of consideration by the Special Committees which the Board of Control have established to consider the nursing service and the dietary in mental hospitals. As soon as the detailed recommendations of these Committees and of the Clinical and other Records Committee are available, a further communication will be addressed to the Visiting Committee.)

(c) On the remaining Recommendations, I am to make the following observations :—

Recommendation (vi).—That seclusion requires a more precise definition by the Board of Control.

(The Board of Control are giving careful consideration to the revision of the definition of seclusion.)

Recommendation (xi).—That the provision of facilities for the early treatment of incipient mental disorder without certification, would be of great value to the community.

(The Board cordially agree with this opinion. The provision of facilities for the early treatment of incipient mental disorder without certification will be included in the proposed Mental Treatment Bill.)

In conclusion, I am to point out that the Board are impressed with the helpful spirit in which these recommendations have been drafted.

Indeed, most of them cover points which the Board have, for some time, been pressing upon the notice of Local Authorities. It is hoped, therefore, that your Committee will give the Report very careful consideration with a view to carrying out the recommendations so far as may be practicable, and the Board will be glad to be informed in due course what action the Committee have taken in the matter.

I am, Sir,

Your obedient Servant,

F. J. WILLIS,

Chairman.

The Clerk to the Visiting Committee.

APPENDIX C.

REPORT OF ENQUIRY held at Long Grove Mental Hospital, Epsom, on Monday and Tuesday, April 24th and 25th, 1922.

On 11th March 1922, Charles Cox, an ex-Police Inspector of the Metropolitan Police, forwarded to the Board of Control a long statement in the form of a letter prepared by him in November 1921, making charges relating to the treatment of himself and other patients detained at Long Grove.

On 15th April 1922, Cox appeared before Sir Cyril Cobb's Departmental Committee appointed by the Minister of Health to consider the allegations against Asylum Administration contained in Dr. Lomax's book, and reiterated his charges. In consequence of their inability to take evidence on oath the Committee communicated with the Board of Control and suggested that they should hold a sworn enquiry.

The statements contained in Cox's letter to the Board were of so serious a character that such an enquiry would probably have been held in any event. As, however, the Committee were sitting and it was known that Cox would appear before them, the Board considered it advisable to defer taking action until the wishes of the Committee were ascertained.

On receiving the request of the Committee the Board deputed us to proceed to Long Grove and hold this enquiry.

Long Grove Mental Hospital is the most recent institution for the insane provided by the London County Council. It provides accommodation for over 2,000 patients and is built on the most modern lines. The Medical Superintendent is Dr. David Ogilvy. The Male Admission ward, where most of the occurrences subsequently detailed were alleged to have taken place, is admirably adapted for its purpose and is well equipped for the scientific treatment by the most modern methods of acute cases of insanity.

Cox, then an Inspector of the Metropolitan Police, aged 45, was on 2nd March 1920, sent on a summary reception order to Long Grove. On admission he was almost immediately made a private patient. The medical certificate shows that he was morbidly depressed and suicidal—he had in fact attempted suicide by jumping from the pier into the sea at Hove. The medical statement made by Dr. Ogilvy on admission, a copy of which was sent to the Board of Control, contains a very full and interesting account of Cox's mental and bodily condition.

Cox remained at Long Grove till August 6th, 1920, when he was discharged "not improved" by the direction of his wife.

On 9th August 1920, he was admitted as a Voluntary Boarder to Bethlem Royal Hospital where, on August 12th, on the petition of his wife, he was again certified. The medical certificates describe him as suffering from delusional insanity, with ideas that he was being watched, that he had contracted venereal disease as a Police Inspector and was

consequently shunned by his comrades; he stated that he had three times attempted suicide and should do it again if he had the chance. His wife informed one of the certifying doctors that Cox had told her that his only excuse for wanting to come out of Long Grove was that it would be easier to destroy himself.

Cox remained as a patient at Bethlem until he was discharged "recovered" on August 31st, 1921. His discharge from certificates coincided with the newspaper agitation in connection with the publication of Dr. Lomax's book, and it is noteworthy that until October or November, 1921, he does not appear to have mentioned to anyone the matters which he now alleges took place when he was a patient at Long Grove.

The letter which Cox forwarded to the Board on 11th March contains charges which may conveniently be considered under two heads:

(a) those relating to the rough and inhumane treatment of other patients;

(b) those relating to the treatment of himself by poisoning his food and doping his medicine.

There were also some other minor matters referred to in the letter with which we deal specifically later.

As regards the treatment of other patients, Cox alleges that during the whole of the time he was a patient in the admission ward he saw various attendants, whom he names, systematically maltreating some of the more helpless patients by striking them on the face and neck and by punching them about the body with very considerable violence. All the patients alleged to have been so treated are now dead with the exception of one who is not in a mental condition to give evidence. We have, however, carefully investigated every single incident of these allegations by calling before us all the attendants against whom they were made (except one who is unfortunately too ill to be examined). All of them absolutely and strenuously denied that anything of the sort had taken place.

We were also able to obtain the evidence of some ex-patients who were in the ward during the time Cox was there, including two who were requested by Cox to attend, and of some others who are still patients. These independent witnesses denied that they had ever seen any such treatment of patients by attendants as alleged although they had equal opportunities with Cox of seeing them if they had occurred; these witnesses were cross-examined by Cox but their evidence was unshaken. It may be observed that Cox alleged that the brutalities occurred quite openly. Several of them went out of their way to speak very favourably of the kindness and tact of the attendants.

As regards the attendants themselves, most of whom have long years of service and exceptionally good characters, we were very favourably impressed by the way they gave their evidence. Their statements were fully confirmed by the head attendants as well as by the Medical Officers, all of whom were frequently in and out of the ward at unexpected times. It is also almost inconceivable that, if any such rough treatment as alleged ever occurred, the patients on whom it was inflicted would not have had marks on them which must have attracted the notice of the higher officials. We also attach great importance to the evidence of the Chaplain who is very much in touch with these patients and visits them more in a friendly way than as an official. He told us that he had never seen anything going on in the shape of cruelty between attendants and patients, that he had never received complaints about ill-treatment from patients at all, and that if he had ever received any such complaints he would certainly investigate and if necessary report it.

We came to the conclusion that the charges made as to cruelty against the attendants in the ward are untrue and have no foundation in fact.

Incidental to these charges were suggestions that the attendants purloined articles of food brought to patients by their friends, that wet and

dirty patients were frequently sent to the lavatory to be cleaned by other patients, and that no proper medical treatment was given, practically all patients only receiving the ordinary diet.

These were entirely disproved.

We now proceed to deal with Cox's allegations relating to him. Cox says that he himself never suffered from rough treatment at the hands of the attendants—in fact he admits that there were many male nurses in the ward who were kind, genuine, honest men and possessed the qualifications essential to the making of a good nurse.

His suggestion is that some of the attendants who saw that he disapproved of the way in which they treated patients, eyed him with suspicion and determined to make things unpleasant for him. He says that they read his letters, that when he had visitors they sat quite near so as to overhear his conversation, that they reported more seriously than was necessary to the medical officers of his mental condition so as to prevent his discharge, and that they frequently poisoned his food and doped him. In all these matters he alleges that they were actuated by spite.

All the attendants against whom he made these charges gave evidence absolutely denying them and they were quite unshaken in cross-examination.

As to the suggestions of poisoning and doping, the medical evidence is perfectly explicit. Cox complained of the matter to the Medical Officers who did their best to reason with him but without avail. They recognised these ideas as delusions such as are frequently met with in cases of mental illness as Cox was suffering from. They describe him as suffering from delusions of reference, which implies that the patient imagines practically everything that is going on in his immediate vicinity to be of particular reference to him, that people talking are probably talking about him, and so on. He is suspicious and misinterprets the actions of people around him. These delusions are often accompanied by hallucinations both of sight and taste which might easily lead him to believe that something unpleasant had been intentionally placed in his food. It is unimportant in this connection to refer to the evidence given by a patient who stated that, when Cox did not eat his food, the other patients were always to dispose of it without detrimental effects to themselves.

We have no doubt that the whole of Cox's evidence as to poisoning and doping is untrue and is the outcome of the delusions from which he was suffering.

Cox made a considerable grievance of the fact that early on in his illness a police official called on his wife and informed her that he was practically an incurable case—information which he could only have obtained from the Medical Superintendent. There is no reason to suppose that some such statement was made to Mrs. Cox. It has to be remembered that the real question at that time was whether Cox was likely to recover sufficient to resume his duties as a Police Inspector. Dr. O'Connell who was verbally consulted on the matter certainly expressed an adverse opinion. In communicating this view to Mrs. Cox we have no doubt that the police official concerned, who gave evidence before us, acted in the interests as he thought of Cox and his wife, and had no sort of intention to inflict unnecessary pain.

As to the allegation that one of the attendants invited some patient to see what he called the "death chamber" at the Sanatorium, the witness who spoke to this incident was an ex-patient and he stated that he regarded the remark in the nature of a jest. This is in our opinion the true nature of the remark but we desire to impress on attendants that they should not say such things, even in jest, to patients, as such remarks sound callous and may have a serious effect on persons in a nervous condition.

At our enquiry Cox conducted himself with marked intelligence and restraint. He seemed fully to realise the difficulty of inducing us to believe his story, not only entirely uncorroborated by any other evidence but what is more, absolutely contradicted on all material points by

witnesses called. He put his questions in cross-examination with considerable ability and good temper, only showing a tendency, when occasionally he received from a witness an unusually damaging answer, to argue and make speeches. He impressed us as being sincerely convinced of the truth of his allegations and we do not think that they have been deliberately concocted. In giving his own evidence he followed mainly the statements contained in his letter of November; when referred to evidence which he gave before the Departmental Committee or to matters outside the four corners of his letter, he showed some confusion of ideas. He was quite unable to explain or to give any valid reason why attendants of good character and long service should jeopardise their position by pointless acts of cruelty.

The case is one of great interest from the purely medical and psychological point of view, and we desire to acknowledge the great assistance we have received in its consideration from the views expressed to us by Dr. Ogilvy and his medical colleagues. The fair and unprejudiced manner in which they gave their evidence and answered Cox's questions in cross-examination was very satisfactory. The case records also were very full and informative.

To sum up : in Cox we have the case of a man, endowed naturally with considerable intelligence, who for some time was in a condition of acute melancholia, suspicious, introspective and actively suicidal, with pronounced delusions and probably hallucinations. For five months he is treated in one institution without any sign of amelioration. He then goes to another institution where he makes considerable and rapid improvement, so much so that he is able to be discharged as recovered at the end of twelve months. During the whole of this time he makes no suggestions to anyone that the way in which he was treated at the first institution was anything but right and proper. Three months after his discharge he produces a long document containing detailed and specific allegations of acts of cruelty and other matters which if true would reflect very seriously on the administration of the first institution. Although the result of our enquiry convinces us that his allegations are untrue, we do not think that they have been intentionally fabricated.

It may be doubted whether we have really anything like a full understanding of Cox's mental complex. In the note that he made on the case on 30th July 1920, Dr. Ogilvy says "Cox's judgment, reasoning, &c., are all impaired. He cannot help brooding and developing ideas such as that we wanted to weaken him by tampering with his food so as to keep his wife from taking him out." Dr. Ogilvy then proceeds with other details of his mentality which it is undesirable to mention here. Since his discharge Cox has not unnaturally come in contact with the newspaper literature connected with the treatment of the insane in institutions; by continually brooding over his fanciful imaginings he has now got them so firmly fixed in his mind that nothing will persuade him that they are the inventions of his own disorganised brain. As Dr. Ogilvy said in his evidence the fact that Cox believes what he says to be true now is what makes his case so interesting; he considers that these extraordinary ideas are part of Cox's mental condition right through from beginning to end. Whether Cox has been impelled by some entirely mistaken motive at the back of his mind and, if so, what that motive is, no one can speak with confidence.

Happily in this enquiry we have had only incidentally to deal with Cox's mental condition. Our task has been to decide whether his allegations are true, and as to their falsitude we have no shadow of doubt.

(Signed) F. J. WILLIS, *Chairman*.

A. H. TREVOR,	}	Commissioners of the Board of Control.
A. ROTHERHAM,		

2nd May 1922.

APPENDIX D.

Report from Dr. Rees Thomas, the Medical Superintendent of the Rampton State Institution :—

Report for the Year 1922.

	Male.	Female.
Number on the books 1st January 1922	175	68
Admitted or transferred from Farmfield during year - - - - -	31	105
	206	173
Transferred to other Institutions - -	16	26
Discharged - - - - -	1	4
Died - - - - -	1	—
On the books 31st December, 1922 -	188	143

The general health of the patients has been good throughout the year. We have suffered from spring and autumn epidemics of influenza, but there were no serious complications. There have been no cases of dysentery or persistent diarrhoea.

Four patients—two male and two female—are suffering from pulmonary tuberculosis.

No deaths have occurred in the Institution during the year. One male patient died while at an asylum under Section 16 (1).

A new villa for 60 female patients, and a small detached refractory block for eight female patients were opened in February last.

The villa is 300 yards away from the main portion of the Institution, and consists of 52 beds in three dormitories, with the addition of eight single rooms.

The expense of providing single-room accommodation makes it desirable that dormitories should be used where possible. This experiment has been to some extent a success, but further experience has shown that our present proportion of single rooms to dormitory beds (44 per cent. of single rooms) is too small. Probably 60–65 per cent. more nearly represents our normal needs with the present type of case. It is necessary that patients who are subject to fairly frequent outbursts of violence should sleep alone, otherwise, as their conduct invariably acts as incitement to others, our troubles would be materially increased. Again, for reasons such as bad language, smashing propensities, constant talking and quarrelling, moral depravity, intense attachments with consequent outbursts of jealousy, suicidal tendencies, extreme irritability, a considerable proportion of single rooms become a necessity. Lower-grade patients are markedly imitative, and their conduct reflects the vices of others, and is no real index of their turpitude.

It is, indeed, impossible to overestimate the importance of these adverse influences, which render such a large majority of our patients unfit for dormitory association.

As the number of patients increases it naturally follows that the actual number of extremely difficult cases becomes larger also, affording greater facilities for co-ordinate effort in the direction of violence and intolerance of control. It has been found necessary to isolate patients as soon as they show any signs of undue excitement or violence. Failure to do so results in an increase of excitement and irritability amongst others in the same ward.

For the purpose of dealing with specially noisy women, the small detached block, consisting of eight single rooms, has been brought into use. The main block is thus freed from such patients during their acute outbreaks, and others are spared the annoyance and irritation caused by sleepless nights and disturbed days. The general tone of the ward has improved in consequence and the inmates are quieter and generally better behaved.

It is further considered desirable that a strict limit should be placed on the number of patients collected in each ward, and also to provide as many rooms as possible for use during the day. To render this possible female patients are allowed to use their single rooms when not at work; the close association, which would be necessary in large day-rooms, being thereby avoided. It is doubtful whether the number of patients in any ward should be allowed to exceed 30, and with specially difficult patients half this number seems almost excessive. The treatment of out-patients is made much easier by the fact that many of them recognise the early symptoms of an approaching outbreak, and ask to be allowed to go to their bedrooms. While seclusion is constantly necessary on the female side, such action has to be taken only rarely with male patients. This difference in the sexes would appear to be due to the more ready response to females to minor unavoidable irritations, and to the numerous petty jealousies and ideas of persecution which are such important factors determining the abnormal conduct of this class of mental defectives.

Occupation of Patients.—The average daily percentage of patients employed is 94. The greater majority, however, are untrustworthy and quarrelsome, which makes it necessary to employ a very high proportion of attendants to working patients. Out-of-door occupations, *i.e.*, farming, gardening, fruit-growing, building, road-making, painting, etc., find greatest favour with males. Sedentary occupations are intolerable to a large number of them, and those employed in the workshops are constantly demanding a change, or refusing to work. This difficulty is being gradually overcome, and as our patients become accustomed to institution routine, their aggressiveness and resistance to control become less marked.

Out-door occupations for females are few, but a small number of women are now engaged in simple garden work, and the care of fruit trees. Indoor industries requiring any marked degree of concentration, react adversely on many of those employed in them, and workers have to be carefully selected and gradually trained. I may instance in this connection lace-making. A number of our more intelligent patients were at first employed at this work with the unfortunate result that their instability, loss of control, excitement, and violent outbreaks were exaggerated; some indeed became totally unfit for this special occupation. We now employ only those of lower grade, and although they learn the work more slowly they are less intolerant, and the concentration has a beneficial effect on their mental state and behaviour.

Those girls employed in the kitchen, laundry, and sewing room, are not regarded as mere workers, but are given a definite training by being required for fixed periods to assist in each of the many minor duties in the department in which they are engaged.

Training in the theory of housewifery, cooking, and laundry work is proposed, and I hope the experiment when commenced will be successful.

Recreation.—As the greater proportion of our patients take any and every opportunity to escape, outdoor exercise and recreation presents many difficulties. Country walks have been instituted, and are greatly appreciated; although a few patients have attempted to run away when out of the Institution, these exercises are persisted in for the benefit of the many. The usual outdoor games have been played. Physical drill, for both males and females, combines a pleasant form of exercise with

discipline. Of indoor amusements, dancing and concerts are exceedingly popular.

Mental Condition.—The mental condition of patients at Rampton renders the separate study of each case a necessity. No patients can be treated on general lines, because the variation of their differences is infinite, and the manifestations of their mental disorder are so varied in character.

Unfortunately the need for economy, in staff, places some limitation upon the possibility of individual mental treatment being applied to all cases—promising and unpromising alike. But, all that can be done in this direction is being done, special attention being focussed in the meantime upon patients who are likely to benefit. After all, psychotherapy, as applied to cases such as ours, must be regarded, at present, as experimental, and its future extension or otherwise dependent upon the result of further experience.

A certain number of our mental defectives must be regarded merely as children, who, under the stress of circumstances, have gone astray. Their excessive reactions to normal stimuli, their jealousies, and the good effect of encouragement, which is unfortunately only temporary, can, in a large number of cases, be cited as the normal reaction of the mental age to which they belong. Their subnormal minds are not able to control the impulses which arise at puberty and adolescence, and when once thrust on to the path of evil their reform is difficult, although under institution care they become tractable, and at times industrious. They do, however, imitate other patients, and the fact that they are so impressionable in this respect makes it almost necessary to keep them separate from higher grade cases, whose influence over them is almost invariably bad.

The second type consists of the true feeble-minded patients, who show considerable mental instability, which is especially marked at the period of puberty and adolescence (13–21 years). These patients are mischievous, restless, insolent, defiant, and often destructive and violent. They are not, however, persistently difficult in their conduct, and for short periods they may make every effort to submit to control and to earn privileges by their work and conduct. These phases succeed each other with some rapidity, and such persons can be classed as typically unstable.

The third and most important section of our peculiar community consists mainly of the higher grade patients. Careful examination reveals the presence of abnormal symptom formation of psychogenic origin, such conditions as hysteria, manic depressive states, dementia præcox (either active or non-progressive), paranoia, etc., being engrafted on the deficient mentality.

The most common associate of their antisocial conduct is found to be ideas and delusions of persecution. These vary in intensity, but can be regarded as definitely morbid, and not the too apparent efforts of self-justification so usual in ordinary people of subnormal intelligence and capacity. Their apparent lack of wisdom, and their attitude of aggression to society in general, seem to be the outcome of a morbid mental state, which, when exaggerated, constitute those delusions of persecution that are now regarded by some, as based on complete or partially repressed homosexual tendencies. They remind me of the tramps who find it impossible to stay long in one place because the normal conduct of others becomes so distasteful to them. It is also a noteworthy fact that men committed for crimes of a homosexual nature are particularly of this type, and it is common knowledge amongst our male nurses that in such cases suppression of their homosexual tendencies when under institution supervision leads to fleeting delusions of persecution; occasionally also to the most intense feuds between particular patients who at some time or other have shown similar tendencies, or who attempt to escape observation in order to satisfy their abnormal craving.

Although it is impossible to do more at this stage than indicate the general direction of my thoughts, I regard it as quite probable that mal-direction of sexual development is a potent factor in producing criminal conduct, not necessarily of a sexual nature. It can be appreciated easily that mere social reform can have no permanent effect on these types, and success may lie in a fuller investigation of the mental disorders associated with criminal conduct. Such work would entail the employment of a large expert medical staff, which as already pointed out, for reasons of economy is not possible at present.

In conclusion, a general idea of the Rampton patients may be obtained by indicating that some 20·9 per cent. males and 5·1 per cent. females are simple mental defectives; 26·4 per cent. males and 37·2 females mentally defective with instability; and 52·7 per cent. males and 57·7 per cent. females are mentally defective with psychosis or neuropsychosis.

(Signed) W. REES THOMAS,
Medical Superintendent.

TABLE I.

ANNUAL RETURN of INSANE PERSONS confined in INSTITUTIONS FOR THE INSANE, and in PRIVATE SINGLE CHARGE
COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS

COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS. (The Local Authorities named are those to whom the several Mental Hospitals belong within the meaning of Sections 242, 244, or 245 of the Lunacy Act, 1890.) C. = County. C.B. = County-Borough. B. = Borough of Schedule IV. of Lunacy Act, 1890.	NUMBER OF PATIENTS, 1st JANUARY 1922.					ADMISSIONS DURING THE YEAR 1922.												DISCHARGES DURING THE YEAR 1922.									
	PRIVATE (including all Criminal Patients).	P A U P E R.	Total Number of Lunatics.	Total Number.	Of the Total Number.												Total Number.	Of the Total Number.									
					Private (including Criminal Patients).	Re-admissions known to have been at some previous time in the Mental Hospital, or in any Institution for the Insane, not including Transfers from other Institutions, or Re-admissions on fresh Reception Order rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1).	Transfers from other Institutions for the Insane.		Of the Number of Transfers.		Private (including Criminal Patients).	Private (including Criminal Patients).	Discharged Recovered.	Of the Number Discharged Recovered.													
M.	F.	M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Total.	M.	F.	M.	F.	M.	F.						
COUNTY AND DISTRICT MENTAL HOSPITALS.																											
Beds, Herts and Hunts - - -	135	67	342	520	1,064	68	132	200	6	2	6	16	6	13	2	1	113	98	211	81	41	29	51	3	1	1	
Berks, Reading C.B., Newbury B., and New Windsor B.	47	1	295	471	814	78	73	151	5	-	6	-	9	3	1	-	66	97	163	11	-	16	21	2	-	2	
Brecon, Radnor, and Montgomery C.	29	7	165	225	426	64	57	121	3	1	4	8	4	5	-	-	23	38	61	3	3	11	19	1	-	3	
Bucks - - - - -	54	26	264	393	737	68	102	170	3	15	11	19	6	8	3	3	80	126	206	22	7	12	31	3	2	4	
Cambridge C., Isle of Ely, and Cam- bridge B.	22	9	179	380	590	36	89	125	2	5	5	15	-	-	-	-	28	41	69	7	7	18	28	4	4	5	
Carmarthen, Cardigan, and Pem- broke C.	34	17	256	247	554	62	65	127	1	4	11	8	3	4	-	1	22	22	44	2	4	13	14	1	-	6	
Chester C., Birkenhead C.B., Stock- port C.B.(part), and Wallasey C.B.:																											
Chester - - - - -	106	59	484	699	1,348	149	210	359	22	25	22	44	4	16	1	3	82	70	152	34	14	49	47	17	7	7	
Parkside - - - - -	99	101	408	536	1,144	109	224	333	19	36	12	37	10	60	9	8	38	84	122	14	18	13	45	5	6	8	
Cornwall - - - - -	66	45	437	497	1,045	89	109	198	2	7	20	23	4	3	1	-	40	78	118	13	14	25	54	9	9	9	
Cumberland, Westmorland, and Carlisle C.B.	52	34	377	358	821	59	79	138	5	1	8	15	5	1	2	-	23	33	56	6	1	13	29	1	1	10	
Denbigh, Anglesey, Carnarvon, Flint, and Merioneth C.	91	31	390	455	967	125	118	243	5	9	26	20	4	5	1	-	62	64	126	20	7	55	58	17	5	11	
Derby C. - - - - -	35	1	316	331	683	85	119	204	1	1	5	20	6	6	1	-	39	55	94	5	-	24	38	2	-	12	
Devon - - - - -	71	25	349	630	1,075	109	172	281	5	13	7	22	22	24	-	3	41	70	111	6	10	31	46	2	5	13	
Dorset - - - - -	110	117	234	375	836	60	94	154	10	28	10	18	3	6	3	2	41	73	114	14	21	32	52	10	14	14	
Durham C. and Darlington C.B. -	109	7	517	624	1,257	197	187	384	8	2	22	29	8	7	6	1	62	90	152	16	3	17	33	3	1	15	
Essex and Colchester B.:																											
Brentwood - - - - -	86	2	519	947	1,554	231	260	491	6	-	35	54	38	16	4	-	77	127	204	4	-	33	50	-	-	16	
Severalls - - - - -	75	75	544	786	1,480	117	164	281	9	16	23	30	7	13	2	3	62	99	161	12	15	29	42	4	2	17	
Glamorgan and Merthyr Tydfil C.B.:	109	13	860	737	1,719	237	177	414	7	1	40	35	8	5	2	1	97	86	183	19	1	48	58	7	-	18	
Gloucester C. and Gloucester C.B.	52	17	396	677	1,142	112	146	258	9	18	16	39	6	11	2	8	49	65	114	6	7	27	50	3	5	19	
Hants, Southampton C.B., and Bournemouth C.B.:																											
Knowle - - - - -	60	-	457	592	1,109	122	165	287	7	-	14	21	13	15	5	-	106	96	202	29	-	23	39	3	-	20	
Park Prewett - - - - -	5	-	194	326	525	117	176	293	23	3	6	20	60	59	22	-	18	48	66	3	2	10	15	-	-	21	
Hereford C. and Hereford B. -	23	7	173	260	463	42	42	84	3	4	9	3	4	5	3	1	14	21	35	3	4	4	12	-	3	22	
Herts - - - - -	45	3	275	492	815	59	103	162	-	2	11	27	3	7	-	1	29	46	75	6	2	19	29	5	-	23	
Kent and Gravesend B.:																											
Barming Heath - - - - -	76	1	603	961	1,641	168	205	373	2	-	28	44	10	17	2	-	77	116	193	9	-	51	77	4	-	24	
Chartham - - - - -	42	12	472	568	1,094	135	157	292	2	-	18	27	5	6	1	-	61	106	167	8	10	36	69	3	5	25	
Lancaster C., all the County- Boroughs, and Stockport C.B. (part):																											
Lancaster - - - - -	198	224	859	1,148	2,429	117	147	264	23	46	7	9	11	12	8	8	79	108	187	32	34	23	54	12	15	26	
Rainhill - - - - -	210	2	736	1,120	2,068	354	268	622	5	-	65	61	15	8	3	-	212	163	375	35	-	104	95	15	-	27	

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TABLE I.

on the 1st January 1923, together with the Number of Admissions, Discharges, Deaths, &c., during the preceding Year.

COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS.

	DEATHS DURING THE YEAR 1922.							NUMBER OF PATIENTS REMAINING, 1st JANUARY 1923.					Average Number	RECOVERY RATES.			MORTALITY RATES.			County, District, and County-Borough Mental Hospitals. (The Local Authorities named are those to whom the several Mental Hospitals belong within the meaning of Sections 242, 244, or 245 of the Lunacy Act, 1890.) C. = County. C.B. = County-Borough. B. = Borough of Schedule IV. of Lunacy Act, 1890.	
	Total Number.			Of the Total Number.				PRIVATE (including all Criminal Patients).		P A U P E R.		Total Number of Lunatics.		Proportion [per Cent.] of Recoveries during the Year 1922, to Admissions [excluding Transfers and Re-admissions on fresh Reception Orders rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1)] during the Year 1922.			Proportion [per Cent.] of Deaths to Daily Average Number Resident during the Year 1922.				
M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Total.	M.	F.	Total.			
1	36	43	79	10	3	30	37	52	25	344	553	974	410	577	46·8	43·2	44·4	8·8	7·5	8·0	Beds, &c. Berks, &c.
2	49	27	76	5	—	11	9	36	1	269	420	726	329	459	23·5	30·4	27·0	14·9	5·8	9·6	
3	23	18	41	5	—	—	—	23	7	189	226	445	207	235	18·3	36·5	26·8	11·1	7·7	9·3	Brecon, &c. Bucks.
4	45	47	92	6	6	28	33	36	33	225	315	609	305	405	19·4	33·3	27·6	14·8	11·6	13·0	
5	23	23	46	1	2	17	15	21	11	165	403	600	185	392	51·4	32·9	38·3	12·4	5·9	8·0	Cambridge C., &c. Carmarthen, &c.
6	30	30	60	2	3	9	—	31	15	269	262	577	297	272	22·0	23·0	22·5	10·1	11·0	10·5	
7	83	106	189	12	12	50	46	95	57	479	735	1,366	585	768	33·8	24·2	28·3	14·2	13·8	14·0	Chester C., &c. : Chester. Parkside.
8	32	57	89	9	7	20	48	101	109	445	611	1,266	525	699	13·1	27·4	22·1	6·1	8·1	7·2	
9	45	33	78	5	4	7	6	63	44	444	496	1,047	496	538	29·8	51·4	41·8	9·1	6·1	7·5	Cornwall. Cumberland, &c.
10	35	37	72	4	4	35	37	47	34	383	367	831	427	387	24·1	37·1	31·8	8·2	9·5	8·8	
11	54	47	101	7	1	22	29	81	32	409	461	983	483	494	45·5	51·3	48·3	11·2	9·5	10·3	Denbigh, &c. Derby C.
12	37	48	85	2	—	27	31	36	2	324	346	708	351	335	30·4	33·6	32·3	10·5	14·3	12·4	
13	64	100	164	7	3	28	47	69	28	355	629	1,081	426	652	35·6	31·5	33·0	15·0	15·3	15·2	Devon. Dorset.
14	21	39	60	5	10	18	26	98	119	244	355	816	340	479	56·1	59·8	58·3	6·2	8·1	7·3	
15	78	63	141	10	—	28	23	103	5	580	660	1,348	652	638	9·0	18·3	13·6	12·0	9·9	10·9	Durham C., &c. Essex, &c. : Brentwood.
16	67	88	155	2	—	57	77	86	2	606	992	1,686	650	961	17·1	20·5	19·0	10·3	9·2	9·6	
17	55	61	116	1	3	48	46	77	74	542	791	1,484	619	856	26·4	28·0	27·3	8·9	7·1	7·9	Severalls. Glamorgan, &c. Gloucester C., &c.
18	137	72	209	8	1	86	49	107	19	865	750	1,741	979	771	21·0	33·7	26·4	14·0	9·4	11·9	
19	51	57	108	3	3	7	14	54	28	406	690	1,178	450	700	25·7	38·2	32·6	11·3	8·1	9·4	
20	59	82	141	2	—	38	47	43	—	431	579	1,053	474	580	21·1	26·0	23·9	12·4	14·1	13·4	Hants., &c. : Knowle. Park Prewett.
21	24	24	48	4	1	9	7	27	9	247	421	704	255	398	17·5	12·8	14·4	9·4	6·0	7·4	
22	27	16	43	2	—	21	11	23	9	174	263	469	198	271	10·5	32·4	21·3	13·6	5·9	9·2	Hereford C., &c. Herts.
23	22	39	61	1	—	18	29	39	5	289	508	841	323	500	34·5	30·2	31·8	6·8	7·8	7·4	
24	65	63	128	6	—	57	61	82	1	623	987	1,693	692	969	32·3	41·0	37·0	9·4	6·5	7·7	Kent, &c. : Barming Heath. Chartham.
25	69	54	123	2	1	37	28	41	10	478	567	1,096	511	579	27·7	45·7	37·4	13·5	9·3	11·3	
26	66	62	128	16	15	33	44	178	229	851	1,120	2,378	1,037	1,349	21·7	40·6	32·2	6·4	4·6	5·4	Lancaster C., Boroughs. (part) C.B. : Lancaster. Rainhill.
27	118	103	221	11	—	85	79	170	1	800	1,123	2,094	954	1,115	30·7	36·5	33·2	12·4	9·2	10·7	

(continued.)

TABLE I.—continued.—COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS—continued

COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS. (The Local Authorities named are those to whom the several Mental Hospitals belong within the meaning of Sections 242, 244, or 245 of the Lunacy Act, 1890.) C.=County. C.B.=County-Borough. B.=Borough of Schedule IV. of Lunacy Act, 1890.	NUMBER OF PATIENTS, 1st JANUARY 1922.				ADMISSIONS DURING THE YEAR 1922.												DISCHARGES DURING THE YEAR 1922.										
	PRIVATE (including all Criminal Patients).		PAUPER.		Total Number of Lunatics.	Of the Total Number.												Of the Total Number.									
						Total Number.	Private (including Criminal Patients).		Re-admissions known to have been at some previous time in the Mental Hospital, or in any Institution for the Insane, not including Transfers from other Institutions, or Re-admissions on fresh Reception Order rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1).		Transfers from other Institutions for the Insane.		Of the Number of Transfers. Private (including Criminal Patients).		Total Number.			Private (including Criminal Patients).		Discharged Recovered.		Of the Number Discharged Recovered. Private (including Criminal Patients).					
M.	F.	M.	F.	M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Total.	M.	F.	M.	F.	M.	F.				
Lancaster C., all the County-Boroughs, and Stockport C.B. (part)—cont.																											
Prestwich - - - - -	296	13	967	1,411	2,687	292	249	541	7	-	42	44	23	17	7	-	164	163	327	33	1	135	144	24	-	1	
Whittingham - - - - -	136	1	1,054	1,464	2,655	460	289	749	6	-	77	36	9	6	1	-	200	168	368	34	-	121	93	19	-	2	
Winwick - - - - -	-	-	363	220	523	62	481	543	-	-	6	79	33	16	-	-	10	147	157	-	-	1	119	-	-	3	
Leicester C. and Rutland - - -	36	24	222	316	598	76	73	149	1	3	8	12	3	5	1	3	24	30	54	4	1	18	22	2	-	4	
Lincoln C. (Lindsey and Holland Divi- sions), Grimsby C.B., Lincoln C.B.	43	-	373	499	915	102	122	224	4	-	16	18	3	10	1	-	36	46	82	4	-	26	35	3	-	5	
Lincoln C. (Kesteven Division) -	22	18	201	213	454	30	46	76	4	2	1	7	-	2	2	1	10	33	43	1	-	9	26	1	-	6	
London C.: Banstead - - - - -	161	20	827	1,344	2,352	249	270	519	3	-	53	58	4	8	-	-	116	169	285	38	4	55	88	15	3	7	
Bexley - - - - -	103	18	878	1,056	2,055	211	174	385	4	-	28	22	6	11	2	-	88	111	199	18	5	50	47	13	-	8	
Cane Hill - - - - -	125	17	771	1,233	2,146	246	190	436	7	-	48	40	12	10	3	-	122	104	226	33	5	35	59	4	-	9	
Claybury - - - - -	232	23	858	1,451	2,564	202	288	490	21	-	35	48	15	15	9	-	105	229	334	35	5	64	103	21	1	10	
Colney Hatch - - - - -	98	15	945	1,543	2,601	238	277	515	5	-	29	66	23	19	4	-	125	148	273	10	7	51	60	5	1	11	
Hanwell - - - - -	113	20	902	1,502	2,537	193	249	442	8	-	27	64	17	9	7	-	108	189	297	19	3	59	93	7	-	12	
Horton - - - - -	-	150	186	1,122	1,458	7	405	412	-	12	-	37	7	197	-	5	3	113	116	-	22	-	49	-	4	13	
Long Grove - - - - -	193	13	877	1,008	2,091	194	154	348	4	-	30	35	41	15	3	-	127	89	216	29	7	24	37	5	-	14	
Middlesex: Wandsworth - - - -	85	10	403	729	1,227	127	264	391	7	19	25	33	31	7	2	5	53	153	206	7	7	50	108	7	4	15	
Napsbury - - - - -	60	23	638	1,017	1,738	140	211	351	6	12	18	47	20	22	4	2	42	187	229	3	9	27	73	2	4	16	
Monmouth C. - - - - -	60	32	449	438	979	112	93	205	1	2	24	17	5	3	-	-	32	35	67	5	1	15	23	1	-	17	
Norfolk - - - - -	54	1	318	521	894	97	135	232	3	-	20	30	5	7	2	-	38	69	107	8	-	25	60	5	-	18	
Northampton C. - - - - -	55	11	347	501	914	100	91	191	3	5	12	11	7	8	1	3	62	98	160	6	3	17	19	2	-	19	
Northumberland and Tynemouth C.B.	31	1	354	288	674	92	109	201	1	3	12	17	9	5	1	-	45	36	81	3	1	34	26	3	1	20	
Nottingham C. - - - - -	25	1	203	343	572	71	83	154	1	-	14	24	2	5	1	-	29	53	82	9	-	14	24	2	-	21	
Oxford C., and Oxford C.B. - - -	-	-	-	-	-	236	346	582	24	-	-	2	224	321	24	-	-	7	10	17	-	-	7	10	-	-	22
Salop, Shrewsbury B., and Wen- lock B. - - - - -	52	33	270	463	818	72	95	167	3	6	12	16	5	5	1	-	35	98	133	11	10	27	26	8	2	23	
Somerset and Bath C.B.: Wells -	24	15	288	441	768	74	87	161	1	-	11	20	-	2	-	-	28	42	70	4	5	18	23	2	2	24	
Cotford - - - - -	44	21	252	380	697	72	99	171	4	6	12	28	5	4	2	1	31	44	75	8	6	24	32	6	3	25	
Stafford C., Burton-on-Trent C.B., Smethwick C.B., Stoke-on- Trent C.B. (part), and Newcastle- under-Lyme B.: - - - - -																											
Stafford - - - - -	55	-	380	446	881	99	112	211	4	-	13	26	7	9	3	-	50	77	127	7	-	20	34	3	-	26	
Burntwood - - - - -	68	-	357	454	879	110	113	223	-	-	22	21	2	1	-	-	77	91	168	11	-	28	40	7	-	27	
Cheddleton - - - - -	65	9	473	418	965	110	132	242	3	3	24	20	4	3	2	2	57	67	124	7	6	37	34	4	3	28	
Suffolk, E. and W. - - - - -	42	4	375	479	900	82	96	178	3	-	15	18	7	7	2	-	25	60	85	2	-	4	11	-	-	29	
Surrey and (for Brookwood) Guild- ford B.: Brookwood - - - - -	30	-	460	798	1,283	180	188	368	2	-	14	18	60	18	1	-	71	98	169	24	-	30	51	4	-	30	
Netherne - - - - -	103	61	277	457	898	130	150	280	5	12	7	15	19	42	1	2	82	79	161	41	9	16	36	4	4	31	
Sussex, East - - - - -	67	38	399	622	1,126	111	179	290	5	13	11	31	6	20	1	3	51	97	148	11	15	32	69	6	8	32	
West - - - - -	30	17	220	342	609	79	111	190	9	6	8	15	36	55	4	-	22	41	63	8	4	9	20	1	2	33	
Warwick C., Coventry C.B., and Warwick B. - - - - -	73	46	410	624	1,153	105	136	241	8	7	25	40	6	5	3	-	110	177	287	10	8	35	69	3	4	34	
Wight, Isle of - - - - -	18	43	99	173	333	18	38	56	2	5	4	11	1	5	-	-	12	31	43	2	5	11	19	1	4	35	
Wilts - - - - -	40	20	371	484	915	89	110	199	-	-	11	24	1	5	-	-	27	38	65	6	1	20	34	2	1	36	

TABLE I.—continued.—COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS—continued.

	DEATHS DURING THE YEAR 1922.							NUMBER OF PATIENTS REMAINING, 1st JANUARY 1923.					Average Number Resident during 1922.	RECOVERY RATES.			MORTALITY RATES.			County, District, and County-Borough Mental Hospitals. (The Local Authorities named are those to whom the several Mental Hospitals belong within the meaning of Sections 242, 244, or 245 of the Lunacy Act, 1890.) C. = County. C.B. = County-Borough. B.=Borough of Schedule IV. of Lunacy Act, 1890.	
	Total Number.			Of the Total Number.				PRIVATE (including all Criminal Patients).		PAUPER.		Total Number of Lunatics.		Proportion [per Cent.] of Recoveries during the Year 1922, to Admissions [excluding Transfers and Re-admissions on fresh Reception Order rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1)] during the Year 1922.			Proportion [per Cent.] of Deaths to Daily Average Number Resident during the Year 1922.				
				Private (including Criminal Patients).	Number of Post-mortem Examinations made.																
	M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.	M.		F.	M.	F.	Total.	M.	F.		Total.
1	113	86	199	16	2	66	38	247	9	1,031	1,415	2,702	1,275	1,393	50·2	62·1	55·7	8·9	6·2	7·5	Lancaster C., all the County-Boroughs, and Stockport C.B. (part)— <i>cont.</i>
2	145	110	255	8	—	63	49	129	1	1,176	1,475	2,781	1,225	1,466	26·8	32·9	29·2	11·8	7·5	9·5	
3	7	54	61	—	—	3	11	1	—	347	500	848	326	380	3·4	25·6	24·3	2·1	14·2	8·6	
4	33	23	56	4	1	33	21	30	27	247	333	637	271	348	24·7	32·4	28·4	12·2	6·6	9·0	Leicester C. and Rutland.
5	49	36	85	3	—	29	21	39	—	394	539	972	427	515	26·3	31·3	28·9	11·5	7·0	9·0	
6	14	16	30	—	3	10	5	25	15	204	213	457	225	231	30·0	59·1	47·3	6·2	6·9	6·6	
7	114	124	238	13	3	94	107	146	15	861	1,326	2,348	994	1,353	22·4	33·7	28·3	11·5	9·2	10·1	Lincoln C. (Lindsey and Holland Divisions), Grimsby C.B., and Lincoln C.B.
8	78	64	142	4	1	74	61	98	17	928	1,056	2,099	1,008	1,077	24·4	28·8	26·4	7·7	5·9	6·8	
9	103	97	200	10	1	97	93	108	14	809	1,225	2,156	905	1,245	15·0	32·8	22·7	11·4	7·8	9·3	
10	89	117	206	13	6	77	113	216	22	882	1,394	2,514	1,083	1,407	34·2	38·0	36·5	8·2	8·3	8·3	Lincoln C. (Kesteven Division).
11	108	140	248	7	2	79	109	90	12	958	1,535	2,595	1,043	1,556	23·7	23·3	23·5	10·4	9·0	9·5	
12	92	98	190	10	2	86	87	99	21	909	1,463	2,492	1,008	1,492	33·5	38·8	36·5	9·1	6·6	7·6	
13	5	87	92	—	8	5	78	—	163	185	1,314	1,662	186	1,391	—	23·7	23·7	2·7	6·3	5·8	London C.: Banstead.
14	64	70	134	10	1	62	66	161	13	912	1,003	2,089	1,071	1,004	15·7	26·6	20·9	6·0	7·0	6·5	
15	56	63	119	6	1	26	19	83	18	423	769	1,293	497	776	52·1	42·2	44·9	11·3	8·1	9·3	
16	78	48	126	6	1	68	40	60	23	658	993	1,734	704	1,002	22·5	38·6	32·4	11·1	4·8	7·4	Middlesex: Wandsworth.
17	39	33	72	5	5	26	23	65	29	485	466	1,045	528	480	14·2	25·6	19·4	7·4	6·9	7·1	
18	47	51	98	5	—	5	13	49	1	335	536	921	366	525	27·5	46·9	38·8	12·8	9·7	11·0	
19	27	36	63	4	1	15	24	47	13	366	456	882	416	502	18·3	23·8	20·5	6·5	7·2	6·9	Monmouth C.
20	46	52	98	4	1	4	8	29	3	357	307	696	381	295	41·5	25·0	32·3	12·1	17·6	14·5	
21	30	27	57	2	—	25	25	23	1	217	346	587	235	340	20·3	30·8	25·9	12·8	7·9	9·9	
22	6	7	13	—	—	1	3	24	—	199	329	552	61	89	58·3	40·0	45·9	9·8	7·9	8·7	Northampton C.
23	42	61	103	1	5	10	14	43	23	274	409	749	316	464	40·3	28·9	33·8	13·3	13·1	13·2	
24	34	45	79	3	—	25	32	31	15	293	441	780	319	455	24·3	29·1	25·8	10·7	9·8	10·0	
25	43	51	94	5	5	35	42	42	23	252	382	699	283	394	35·8	33·7	34·6	14·9	12·9	13·8	Somerset and Bath C.B.: Wells.
26	37	31	68	5	—	20	21	46	—	401	450	897	434	445	21·7	33·0	27·7	8·5	7·0	7·7	
27	45	41	86	3	—	37	32	58	1	355	434	848	414	444	25·9	35·7	30·9	10·9	9·2	10·0	
28	36	38	74	2	—	33	36	66	10	489	444	1,009	544	439	35·2	26·4	30·3	6·6	8·7	7·5	Cotford.
29	37	33	70	1	1	2	1	43	3	394	483	923	427	486	5·3	12·4	9·1	8·7	6·8	7·7	
30	41	54	95	3	—	16	18	31	—	527	834	1,392	549	815	25·0	30·0	27·9	7·5	6·6	7·0	
31	40	37	77	15	6	10	23	92	59	296	493	940	388	548	14·5	33·3	23·9	10·3	6·8	8·2	Stafford C., Burton-on-Trent C.B., Smethwick C.B., Stoke-on-Trent, C.B. (part), and Newcastle-under-Lyme B.: Stafford.
32	61	72	133	10	7	31	41	51	47	414	623	1,135	465	666	30·5	43·4	38·3	13·1	10·8	11·8	
33	9	10	19	1	1	8	7	35	22	263	397	717	265	397	20·9	35·7	29·3	3·4	2·5	2·9	
34	54	40	94	6	—	37	29	60	45	364	544	1,013	451	620	35·4	53·1	45·4	12·0	6·5	8·8	Suffolk, E. and W.
35	7	9	16	1	1	6	6	17	42	99	172	330	115	208	64·7	57·6	60·0	6·1	4·3	5·0	
36	38	40	78	4	1	31	31	39	20	396	516	971	422	521	22·7	32·4	28·0	9·0	7·7	8·3	

Lancaster C., all the County-Boroughs, and Stockport C.B. (part)—*cont.*

Prestwich.

Whittingham.

Winwick.

Leicester C. and Rutland.

Lincoln C. (Lindsey and Holland Divisions), Grimsby C.B., and Lincoln C.B.

Lincoln C. (Kesteven Division).

London C.: Banstead.

Bexley.

Cane Hill.

Claybury.

Colney Hatch.

Hanwell.

Horton.

Long Grove.

Middlesex: Wandsworth.

Napsbury.

Monmouth C.

Norfolk.

Northampton C.

Northumberland and Tynemouth C.B.

Nottingham C.

Oxford C., and Oxford C.B.

Salop, Shrewsbury B., and Wenlock B.

Somerset and Bath C.B.: Wells.

Cotford.

Stafford C., Burton-on-Trent C.B., Smethwick C.B., Stoke-on-Trent, C.B. (part), and Newcastle-under-Lyme B.:

Stafford.

Burntwood.

Cheddleton.

Suffolk, E. and W.

Surrey and (for Brookwood) Guildford B.: Brookwood

Netherne.

Sussex, East.

West.

Warwick C., Coventry C.B., and Warwick B.

Wight, Isle of.

Wilts.

(continued.)

TABLE I.—continued.—COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS—continued

COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS. (The Local Authorities named are those to whom the several Mental Hospitals belong within the meaning of Sections 242, 244, or 245 of the Lunacy Act, 1890.) C. = County. C.B. = County-Borough. B. = Borough of Schedule IV. of Lunacy Act, 1890.	NUMBER OF PATIENTS. 1st JANUARY 1922.					ADMISSIONS DURING THE YEAR 1922.												DISCHARGES DURING THE YEAR 1922.											
	PRIVATE (including all Criminal Patients).	PAUPER.				Total Number of Lunatics.	Of the Total Number.												Total Number.	Of the Total Number.									
		Total Number.	Private (including Criminal Patients).	Re-admissions known to have been at some previous time in the Mental Hospital, or in any Institution for the Insane, not including Transfers from other Institutions, or Re-admissions on fresh Reception Order rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1).	Transfers from other Institutions for the Insane.		Of the Number of Transfers.		Total Number.	Private (including Criminal Patients).	Discharged Recovered.	Of the Number Discharged Recovered.																	
							M.	F.				M.	F.	M.	F.	M.	F.												
																		M.		F.	M.	F.	M.	F.	M.	F.			
M.	F.	M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Total.	M.	F.	M.	F.	M.	F.						
Worcester C., and (for Powick) Dudley C.B., and Worcester C.B.: Powick - - - -	49	8	347	547	951	70	118	188	2	-	8	19	23	45	1	-	93	86	179	1	1	10	11	1	1	1			
Barnsley Hall - - - -	70	76	259	340	745	61	89	150	15	31	10	20	5	7	1	4	55	87	142	8	13	12	15	3	5	2			
Yorks, North Riding - - -	27	31	298	388	744	58	62	120	6	3	9	8	-	8	-	1	57	61	118	6	7	16	35	3	4	3			
Yorks, West Riding, and (except for Scalebor Park) Barnsley, Bradford, Dewsbury, Halifax, Huddersfield, Leeds, Rotherham, Sheffield, and Wakefield C.B., and (for Wadsley and Storthes Hall) Doncaster B.:																													
Wakefield - - - - -	138	6	941	854	1,939	323	345	668	5	-	49	37	4	3	1	-	214	86	300	17	1	46	61	5	-	4			
Wadsley - - - - -	40	5	404	779	1,228	442	244	686	14	-	37	44	275	14	11	-	100	103	203	10	-	62	76	8	-	5			
Menston - - - - -	145	44	754	938	1,881	136	183	319	10	18	28	37	10	8	3	2	137	180	317	22	9	48	86	12	6	6			
Scalebor Park - - - - -	103	136	-	-	239	56	72	128	56	72	10	12	4	7	4	7	39	56	95	39	56	20	33	20	33	7			
Storthes Hall - - - - -	77	6	571	624	1,278	175	149	324	3	-	18	29	23	3	3	-	181	67	248	11	3	45	47	8	1	8			
Yorks, East Riding - - - -	21	13	201	231	466	42	56	98	3	9	7	24	3	4	1	1	13	26	39	2	3	9	20	1	1	9			
COUNTY-BOROUGH MENTAL HOSPITALS (including City of London).																													
Birmingham: Winson Green - -	72	21	277	349	719	199	183	382	1	-	29	41	3	4	1	-	120	130	250	12	4	72	81	3	2	10			
Rubery Hill - - - - -	73	-	322	427	822	244	329	573	1	1	18	18	185	241	-	-	30	49	79	7	1	15	19	3	1	11			
Brighton - - - - -	40	32	258	461	791	87	136	223	3	2	17	20	7	18	1	-	54	76	130	9	7	39	41	6	3	12			
Bristol - - - - -	40	17	289	408	754	87	134	221	4	2	12	18	5	6	-	-	34	96	130	5	4	23	42	2	2	13			
Canterbury - - - - -	17	25	66	63	171	9	12	21	3	3	3	2	2	1	2	1	5	5	10	1	1	4	2	-	-	14			
Cardiff - - - - -	48	2	250	243	543	97	62	159	4	6	13	9	21	9	1	-	56	31	87	7	6	27	17	4	1	15			
Croydon - - - - -	47	81	206	406	740	43	95	138	5	21	6	17	3	2	2	-	59	73	132	11	17	26	50	9	13	16			
Derby - - - - -	26	27	128	213	394	42	35	77	7	7	9	12	3	-	-	-	17	24	41	5	9	9	13	3	6	17			
Exeter - - - - -	41	41	76	120	278	34	38	72	10	11	8	8	-	6	-	3	9	18	27	4	5	3	8	-	3	18			
Gateshead - - - - -	18	-	109	106	233	39	38	77	1	-	8	8	2	5	1	-	11	12	23	-	-	7	8	-	-	19			
Hull - - - - -	34	17	228	300	579	110	99	209	4	4	17	22	3	2	1	1	47	46	93	9	1	27	32	5	1	20			
Ipswich - - - - -	31	27	109	150	317	38	27	65	4	4	10	4	3	2	1	-	12	13	25	4	3	8	7	2	1	21			
Leicester - - - - -	42	27	303	469	841	60	92	152	3	6	11	21	-	7	-	-	36	47	83	9	2	26	41	6	1	22			
London (City of) - - - - -	124	234	134	116	608	78	60	138	25	40	8	9	14	21	13	19	45	62	107	12	36	15	13	2	9	23			
Middlesbrough - - - - -	45	9	151	187	392	68	70	138	5	4	9	18	3	2	1	-	25	33	58	9	1	20	24	7	-	24			
Newcastle-upon-Tyne - - - -	47	8	395	349	799	106	88	194	3	-	29	15	4	6	-	-	35	35	70	6	3	26	27	4	2	25			
Newport - - - - -	19	10	117	162	308	30	29	59	3	5	-	6	2	2	1	2	17	17	34	6	2	9	7	3	1	26			
Norwich - - - - -	29	-	149	289	467	55	67	122	2	-	13	15	3	2	-	-	33	43	76	4	-	13	17	-	-	27			
Nottingham - - - - -	58	31	335	472	896	111	111	222	8	8	18	25	5	3	3	-	63	138	201	20	10	48	72	17	8	28			
Plymouth - - - - -	56	29	180	256	521	62	60	122	4	5	8	16	1	2	-	-	51	37	88	11	7	26	22	9	5	29			
Portsmouth - - - - -	89	97	197	354	737	52	81	133	21	26	3	10	8	9	4	3	26	50	76	11	22	17	37	7	16	30			
Sunderland - - - - -	38	12	195	177	422	40	57	97	3	1	4	11	4	3	1	-	23	28	51	11	5	13	23	6	2	31			
West Ham - - - - -	64	-	386	485	935	90	134	224	2	-	14	39	12	7	1	-	69	84	153	7	-	31	62	5	-	32			
York - - - - -	25	6	140	187	358	26	33	59	2	5	5	10	5	-	1	-	18	22	40	6	2	13	17	3	2	33			
TOTAL - - - - -	6,473	2,699	36,583	51,605	97,360	11,207	13,473	24,680	604	649	1,609	2,318	1,577	1,693	239	115	5,649	7,461	13,110	1,173	616	2,698	4,038	498	266	34			

(a) In addition to these numbers, 1,561 patients (1,216 males and 345 females) were transferred, while resident during 1922, from the Pauper to the Private Class.
(b) In addition to these numbers, 38 patients (13 males and 25 females) were re-admitted on fresh Reception Orders rendered necessary by previous Orders having expired under sec. 38 (1) of the Lunacy Act, 1890.
(c) In addition to these numbers, 829 patients (691 males and 138 females) were transferred, while resident during 1922, from the Private to the Pauper Class; and 49 Criminal (Private) Patients (44 males and 5 females) were retained in the Institution as Pauper Patients on their ceasing to be "Criminals" during the same year.
(d) 4,532 of these patients were ex-Service men paid for by the Ministry of Pensions, and classed as "Service" patients.

TABLE I.—continued.—COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS—continued.

	DEATHS DURING THE YEAR 1922.							NUMBER OF PATIENTS REMAINING, 1st JANUARY 1923.					Average Number Resident during 1922.	RECOVERY RATES.			MORTALITY RATES.			County, District, and County-Borough Mental Hospitals. (The Local Authorities named are those to whom the several Mental Hospitals belong within the meaning of Sections 242, 244 or 245 of the Lunacy Act, 1890.) C. = County. C.B. = County-Borough. B. = Borough of Schedule IV of Lunacy Act, 1890.	
	Total Number.			Of the Total Number. Private (including Criminal Patients).		Number of Post-mortem Examinations made.		PRIVATE (including all Criminal Patients).		PAUPER.		Total Number of Lunatics.		Proportion [per Cent.] of Recoveries during the Year 1922, to Admissions [excluding Transfers and Re-admissions on fresh Reception Order rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1)] during the Year 1922.			Proportion [per Cent.] of Deaths to Daily Average Number Resident during the Year 1922.				
	M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.	M.		F.	Total.	M.	F.	Total.			
1	23	41	64	—	—	18	32	50	7	300	539	896	385	572	21·3	15·1	17·5	6·0	7·2	6·7	Worcester C., and (for Powick) Dudley C.B., and Worcester C.B.: Powick. Barnsley Hall. Yorks, North Riding. Yorks, West Riding, and (except for Scalebor Park) Barnsley, Bradford, Dewsbury, Halifax, Huddersfield, Leeds, Rotherham, Sheffield, and Wakefield C.B., and (for Wadsley and Storthes Hall) Doncaster B.: Wakefield. Wadsley. Menston. Scalebor Park. Storthes Hall. Yorks, East Riding.
2	18	27	45	2	10	14	15	69	75	248	316	708	328	407	21·4	18·3	19·6	5·5	6·6	6·1	
3	19	18	37	3	1	7	11	24	26	283	376	709	314	409	27·6	64·8	45·5	6·1	4·4	5·1	
4	135	85	220	5	1	122	75	118	4	935	1,030	2,087	1,072	937	14·4	17·8	16·2	12·6	9·1	11·0	COUNTY-BOROUGH MENTAL HOSPITALS (including City of London). Birmingham: Winson Green. Rubery Hill. Brighton. Bristol. Canterbury. Cardiff. Croydon. Derby. Exeter. Gateshead Hull. Ipswich. Leicester. London (City of). Middlesbrough. Newcastle-upon-Tyne. Newport. Norwich. Nottingham. Plymouth. Portsmouth. Sunderland. West Ham. York.
5	73	84	157	3	—	69	80	42	5	671	836	1,554	545	814	37·1	33·2	34·8	13·4	10·3	11·6	
6	68	102	170	9	5	44	61	131	47	699	836	1,713	874	935	38·1	49·1	44·5	7·8	10·9	9·4	
7	17	16	33	17	16	2	—	103	136	—	—	239	101	133	38·5	50·8	45·3	16·8	12·0	14·1	
8	70	50	120	5	1	62	41	64	5	508	657	1,234	622	651	29·6	32·2	30·9	11·2	7·7	9·4	
9	26	25	51	5	2	21	21	18	21	207	228	474	227	245	23·1	38·5	31·9	11·5	10·2	10·8	
10	38	51	89	2	2	33	35	69	20	321	352	762	383	387	36·7	45·3	40·8	9·9	13·2	11·6	
11	23	27	50	2	—	17	18	57	1	529	679	1,266	482	533	25·4	21·6	23·1	4·8	5·1	4·9	
12	37	61	98	7	6	14	31	37	35	257	457	786	293	495	48·8	34·7	40·4	12·6	12·3	12·4	
13	25	60	85	1	1	22	52	42	21	315	382	760	342	410	28·0	32·8	31·0	7·3	14·6	11·3	
14	5	6	11	—	1	3	3	19	24	63	65	171	81	88	57·1	18·2	33·3	6·2	6·8	6·5	
15	32	14	46	6	1	25	11	40	4	267	258	569	296	251	35·5	32·1	34·1	10·8	5·6	8·4	
16	29	26	55	4	3	2	4	42	88	166	395	691	244	493	65·0	53·8	57·1	11·9	5·3	7·5	
17	11	10	21	1	2	11	8	26	23	142	218	409	163	239	23·1	37·1	29·7	6·7	4·2	5·2	
18	12	13	25	5	2	2	3	43	43	87	125	298	120	163	8·8	25·0	16·7	10·0	8·0	8·8	
19	17	7	24	1	—	9	2	21	2	117	123	263	129	114	18·9	24·2	21·4	13·2	6·1	9·9	
20	38	31	69	—	2	29	19	33	18	254	321	626	286	324	25·2	33·0	28·9	13·3	9·6	11·3	
21	14	12	26	1	3	1	1	34	25	118	154	331	146	175	23·5	28·0	25·4	9·6	6·9	8·1	
22	37	31	68	2	1	35	29	34	30	298	480	842	341	512	43·3	48·8	46·5	10·9	6·1	8·0	
23	14	12	26	7	7	8	9	130	227	147	109	613	262	334	23·4	33·3	27·2	5·3	3·6	4·4	
24	28	27	55	4	3	4	4	38	8	173	198	417	204	197	30·8	35·3	33·1	13·7	13·7	13·7	
25	38	42	80	4	1	23	24	55	6	420	362	843	460	353	25·5	32·9	28·8	8·3	11·9	9·8	
26	11	9	20	—	1	3	2	16	11	122	164	313	136	168	32·1	25·9	29·1	8·1	5·4	6·6	
27	22	26	48	2	—	15	19	34	—	144	287	465	174	281	25·5	26·2	25·9	12·6	9·3	10·5	
28	45	30	75	4	5	27	18	53	24	343	422	842	388	448	45·3	66·6	56·1	11·6	6·7	9·0	
29	27	25	52	7	3	17	11	43	25	177	258	503	228	287	42·6	37·9	40·3	11·8	8·7	10·1	
30	23	37	60	7	8	14	19	88	87	201	358	734	285	442	38·6	51·4	46·6	8·1	8·4	8·3	
31	22	19	41	3	1	16	12	31	9	197	190	427	225	189	37·1	42·6	40·4	9·8	10·0	9·9	
32	44	42	86	11	—	8	12	49	—	378	493	920	422	479	39·7	48·8	45·4	10·4	8·8	9·5	
33	7	15	22	—	1	2	7	22	6	144	183	355	165	186	61·9	51·5	55·6	4·2	8·1	6·3	
34	4,330	4,521	8,851	468	235	2,774	2,915	5,917 (d)	2,699	38,367	53,096	100,079	43,515	54,799	28·1	34·4	31·5	10·0	8·3	9·0	TOTAL.

TABLE I.—continued—REGISTERED HOSPITALS,

COUNTY.	REGISTERED HOSPITALS, NAVAL AND MILITARY HOSPITALS, AND CRIMINAL ASYLUM.	NUMBER OF PATIENTS, 1st JANUARY 1922.				ADMISSIONS DURING THE YEAR 1922.												DISCHARGES DURING THE YEAR 1922.										
		PRIVATE (including all Criminal Patients).		PAUPER.		Total Number of Lunatics.	Of the Total Number.												Of the Total Number									
							Total Number.	Private (including Criminal Patients).	Re-admissions known to have been at some previous time in the Institution, or in any Institution for the Insane, not including Transfers from other Institutions, or Re-admissions on fresh Reception Order rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1).	Transfers from other Institutions for the Insane.		Of the Number of Transfers.		Total Number.	Private (including Criminal Patients).		Discharged Recovered.	Of the Number Discharged Recovered										
		M.	F.	M.	F.	M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.	
REGISTERED HOSPITALS :																												
Chester - -	Manechester Royal Lunatic Hospital, Cheadle	98	164	-	-	262	31	60	91	31	60	1	10	4	2	4	2	19	38	57	19	38	6	22	6	22	1	
Devon - -	Wonford House, Exeter - - - -	50	89	-	-	139	14	16	30	14	16	2	2	2	4	2	4	11	14	25	11	14	8	8	8	8	2	
Gloucester - -	Barnwood House, Gloucester - - -	65	90	-	-	155	17	31	48	17	31	1	5	1	3	1	3	14	32	46	14	32	6	16	6	16	3	
Lincoln - -	Lincoln Lunatic Hospital, The Lawn, Lincoln	15	55	-	-	70	10	14	24	10	14	1	1	1	-	1	-	8	11	19	8	11	4	4	4	4	4	
Norfolk - -	Bethel Hospital, Norwich - - - -	25	60	-	-	85	11	16	27	11	16	3	3	-	2	-	2	8	13	21	8	13	2	5	2	5	5	
Northampton - -	St. Andrew's Hospital, Northampton - -	191	231	-	-	422	29	32	61	29	32	5	11	7	4	7	4	21	31	52	21	31	11	17	11	17	6	
Notts - -	Nottingham Lunatic Hospital, The Coppice, Nottingham.	44	52	-	-	96	13	16	29	13	16	2	4	2	1	2	1	11	14	25	11	14	6	7	6	7	7	
Oxford - -	The Warneford, Headington Hill, Oxford -	44	45	-	-	89	13	16	29	13	16	1	4	3	2	3	2	9	9	18	9	9	4	4	4	4	8	
Stafford - -	Coton Hill Lunatic Hospital, Stafford - -	37	77	-	-	114	12	17	29	12	17	3	4	2	5	2	5	5	19	24	5	19	2	6	2	6	9	
Surrey - -	Bethlem Royal Hospital, Lambeth Road, S.E.1	75	102	-	-	177	55	72	125	53	72	1	1	12	29	12	29	43	70	113	43	70	24	22	24	22	10	
" - -	Holloway Sanatorium, St. Ann's Heath, Virginia Water.	145	198	-	-	343	22	54	76	22	54	4	14	3	6	3	6	29	36	65	29	36	8	13	8	13	11	
York City (N.R.)	Bootham Park, York - - - - -	50	49	-	-	99	9	10	19	9	10	2	3	1	3	1	3	7	11	18	7	11	4	4	4	4	12	
" (E.R.)	The Retreat, York - - - - -	58	107	-	-	165	25	37	62	25	37	8	9	1	2	1	2	13	29	42	13	29	3	12	3	12	13	
TOTAL (Registered Hospitals) - -		897	1,319	-	-	2,216	259	391	650	259	391	34	71	39	63	39	63	198	327	525	198	327	88	140	88	140	14	
												(a)																
NAVAL AND MILITARY HOSPITALS :																												
Hants - -	Royal Military Hospital, Netley, Southampton	24	-	-	-	24	137	-	137	137	-	4	-	-	-	-	-	135	-	135	135	-	109	-	109	-	15	
Norfolk - -	Royal Naval Hospital, Great Yarmouth -	175	-	-	-	175	15	-	15	15	-	-	-	-	-	-	-	7	-	7	7	-	6	-	6	-	16	
TOTAL (Naval and Military Hospitals)		199	-	-	-	199	152	-	152	152	-	4	-	-	-	-	-	142	-	142	142	-	115	-	115	-	17	
CRIMINAL ASYLUM :																												
Berks - -	Criminal Lunatic Asylum, Broadmoor, Crow- thorne, Berks.	484	155	1	-	640	163	52	215	163	52	4	1	97	38	97	38	40	9	49	40	9	28	9	28	9	18	
																					(b)							

(a) In addition to these numbers, 4 patients (2 males and 2 females) were re-admitted on fresh reception orders rendered necessary by previous orders having expired under Section 38 (1) of the Lunacy Act, 1890.
(b) In addition to these numbers, one male criminal (private) patient was retained in the asylum as a pauper patient on his ceasing to be a "criminal" during the same year.

NAVAL AND MILITARY HOSPITALS, AND STATE CRIMINAL ASYLUM.

	DEATHS DURING THE YEAR 1922.							NUMBER OF PATIENTS REMAINING, 1st JANUARY 1923.					Average Number Resident during 1922.	RECOVERY RATES.			MORTALITY RATES.			Registered Hospitals, Naval and Military Hospitals, and Criminal Asylum.	
	Total Number.			Of the Total Number				PRIVATE (including all Criminal Patients).			PAUPER.			Total Number of Lunatics.	Proportion [per Cent.] of Recoveries during the Year 1922, to Admissions [excluding Transfers and Re-admissions on fresh Reception Order rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1)] during the Year 1922.			Proportion [per Cent.] of Deaths to Daily Average Number Resident during the Year 1922.			
	M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.	M.		F.	M.	F.	Total.	M.	F.		Total.
1	16	12	28	16	12	2	1	94	174	-	-	268	95	171	22.2	37.9	32.9	16.8	7.0	10.5	Manchester Royal Lunatic Hospital, Cheadle. Wonford House. Barnwood House. Lincoln Lunatic Hospital. Bethel Hospital, Norwich. St. Andrew's Hospital. Nottingham Lunatic Hospital. The Warneford. Coton Hill Lunatic Hospital. Bethlem Royal Hospital, Holloway Sanatorium. Bootham Park, York. The Retreat, York.
2	3	6	9	3	6	-	-	50	85	-	-	135	51	86	66.7	66.7	66.7	5.9	6.9	6.6	
3	3	7	10	3	7	-	-	65	82	-	-	147	64	87	37.5	57.1	50.0	4.7	8.0	6.6	
4	2	5	7	2	5	-	-	15	53	-	-	68	17	54	44.4	28.6	34.8	12.0	9.3	9.9	
5	3	5	8	3	5	-	1	25	58	-	-	83	23	60	18.2	38.5	29.2	13.0	8.3	9.6	
6	9	10	19	9	10	-	1	190	222	-	-	412	186	227	50.0	60.7	56.0	4.8	4.3	4.6	
7	4	4	8	4	4	-	-	42	50	-	-	92	45	48	54.5	46.7	50.0	8.9	8.3	8.6	
8	6	3	9	6	3	1	1	42	49	-	-	91	44	45	44.4	30.8	36.4	13.7	6.6	10.1	
9	1	6	7	1	6	1	2	43	69	-	-	112	38	70	20.0	50.0	36.4	2.6	8.6	6.5	
10	17	4	21	17	4	12	4	68	100	-	-	168	65	92	58.5	51.2	54.8	26.0	4.3	13.4	
11	8	6	14	8	6	-	2	130	210	-	-	340	136	203	42.1	27.1	31.3	5.9	3.0	4.1	
12	3	2	5	3	2	2	-	49	46	-	-	95	50	48	50.0	57.1	53.3	6.0	4.2	5.1	
13	13	10	23	13	10	3	3	57	105	-	-	162	58	100	13.0	34.3	25.9	22.4	10.0	14.6	
14	88	80	168	88	80	21	15	870	1,303	-	-	2,173	872	1,291	40.4	42.9	41.9	10.1	6.2	7.8	
15	1	-	1	1	-	-	-	25	-	-	-	25	33	-	79.6	-	79.6	3.0	-	3.0	Royal Military Hospital. Royal Naval Hospital. TOTAL (Naval and Military Hospitals).
16	26	-	26	26	-	17	-	157	-	-	-	157	160	-	40.0	-	40.0	16.2	-	16.2	
17	27	-	27	27	-	17	-	182	-	-	-	182	193	-	75.7	-	75.7	14.0	-	14.0	
18	21	4	25	21	4	17	3	585	191	2	-	781	544	178	42.4	64.3	46.3	3.9	2.2	3.5	Criminal Lunatic Asylum, Broad- moor.

TABLE I.—continued—METROPOLITAN LICENSED HOUSES.

HOUSES.		NUMBER OF PATIENTS, 1st JANUARY 1922.					ADMISSIONS DURING THE YEAR 1922.										DISCHARGES DURING THE YEAR 1922.										DEATHS DURING THE YEAR 1922.								NUMBER OF PATIENTS REMAINING, 1st JAN. 1923.					Average Number Resident during 1922.	
		PRIVATE (including all Criminal Patients).		PAUPER.		Total Number of Lunatics.	Total Number.		Of the Total Number.						Total Number.		Of the Total Number.						Total Number.		Of the Total Number.				PRIVATE (including all Criminal Patients).		PAUPER.		Total Number of Lunatics.								
									Private (including Criminal Patients).		Re-admissions known to have been at some previous time in the Institution, or in any Institution for the Insane, not including Transfers from other Institu- tions, or Re-admissions on fresh Reception Order rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1).		Transfers from other Institu- tions for the Insane.				Of the Number of Transfers.		Private (including Criminal Patients).		Discharged Recovered.				Of the Number Discharged Recovered.		Private (including Criminal Patients).							Private (including Criminal Patients).		Number of Post- mortem Examina- tions made.					
		M.	F.	M.	F.		M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.	Total.	M.	F.	M.	F.	Total.	M.	F.	M.	F.		M.	F.
Camberwell	Camberwell House	130	226	-	-	356	89	172	261	89	172	17	55	15	19	15	19	56	118	174	56	118	10	37	10	37	37	43	80	37	43	2	2	126	237	-	-	363	122	227	
Chiswick	Chiswick House	17	17	-	-	34	5	5	10	5	5	2	-	2	1	2	1	3	2	5	3	2	1	1	1	1	2	3	5	2	3	-	-	17	17	-	-	34	17	16	
Clapton, Upper	Brooke House	30	45	-	-	75	20	25	45	20	25	5	2	4	5	4	5	17	25	42	17	25	10	9	10	9	5	2	7	5	2	-	-	28	43	-	-	71	29	44	
Finsbury Park	Northumberland House	32	58	-	-	90	16	38	54	16	38	2	8	2	4	2	4	9	39	48	9	39	3	14	3	14	7	2	9	7	2	2	-	-	32	55	-	-	87	33	54
Hayes, Middlesex	Hayes Park	-	16	-	-	16	-	12	12	-	12	-	2	-	-	-	-	-	9	9	-	9	-	5	-	5	-	-	-	-	-	-	-	-	19	-	-	19	-	18	
Hillingdon, Ux- bridge.	Moorcroft House (and Laurel Lodge).	39	7	-	-	46	13	1	14	13	1	1	-	4	-	4	-	12	1	13	12	1	3	1	3	1	4	-	4	4	-	1	-	36	7	-	-	43	36	8	
Isleworth	Wyke House	7	11	-	-	18	2	2	4	2	2	-	-	2	-	2	-	1	3	4	1	3	-	1	-	1	1	-	1	1	-	-	-	7	10	-	-	17	7	10	
Peckham	Peckham House	94	233	-	-	327	46	117	163	46	117	9	35	4	8	4	8	30	94	124	30	94	8	27	8	27	16	23	39	16	23	-	-	94	233	-	-	327	90	233	
Roehampton	The Priory	45	44	-	-	89	7	5	12	7	5	-	-	2	-	2	-	7	4	11	7	4	1	2	1	2	4	-	4	4	-	1	-	41	45	-	-	86	42	44	
Upper Halliford, Shepperton.	Halliford House	13	12	-	-	25	2	8	10	2	8	-	1	-	2	-	2	2	4	6	2	4	1	1	1	1	3	1	4	3	1	1	-	-	10	15	-	-	25	12	15
Tooting Bec Common.	Newlands House	15	2	-	-	17	3	-	3	3	-	-	-	-	-	-	-	5	-	5	5	-	-	-	-	-	1	-	1	1	-	-	-	12	2	-	-	14	13	2	
South End, Catford	Flower House	14	-	-	-	14	10	-	10	10	-	-	-	5	-	5	-	6	-	6	6	-	-	-	-	-	1	-	1	1	-	-	-	17	-	-	-	17	17	-	
Clapham Park	Clarence Lodge	-	9	-	-	9	-	9	9	-	9	-	-	-	3	-	3	-	5	5	-	5	-	1	-	1	-	2	2	-	2	-	-	-	11	-	-	11	-	11	
Hayes, Middlesex	Mead House	-	13	-	-	13	-	4	4	-	4	-	-	-	-	-	-	-	2	2	-	2	-	-	-	-	-	1	1	-	1	-	-	-	14	-	-	14	-	14	
"	Wood End House	-	17	-	-	17	-	1	1	-	1	-	-	-	-	-	-	-	1	1	-	1	-	1	-	1	-	1	1	-	1	-	-	-	16	-	-	16	-	16	
Hendon	Hendon Grove	-	13	-	-	13	-	17	17	-	17	-	4	-	1	-	1	-	18	18	-	18	-	11	-	11	-	-	-	-	-	-	-	-	12	-	-	12	-	13	
Kensington, West	Otto House	-	25	-	-	25	-	6	6	-	6	-	3	-	1	-	1	-	6	6	-	6	-	4	-	4	-	2	2	-	2	-	-	-	23	-	-	23	-	23	
Southall	Featherstone Hall	-	9	-	-	9	-	4	4	-	4	-	-	-	1	-	1	-	4	4	-	4	-	1	-	1	-	-	-	-	-	-	-	-	9	-	-	9	-	9	
Streatham Hill	Fenstanton	-	24	-	-	24	-	16	16	-	16	-	6	-	4	-	4	-	9	9	-	9	-	2	-	2	-	7	7	-	7	-	-	-	24	-	-	24	-	24	
TOTAL		436	781	-	-	1,217	213	442	655	213	442	36	116	40	49	40	49	148	344	492	148	344	37	118	37	118	81	87	168	81	87	7	2	420	792	-	-	1,212	418	780	

(a) In addition to these numbers, 4 female patients were re-admitted on fresh reception orders, rendered necessary by previous orders having expired under sec. 38 (1) of the Lunacy Act, 1890.

Appendix E. to Ninth Report of the Board of Control.

TABLE I.—*continued*—PROVINCIAL LICENSED HOUSES.

COUNTY.	HOUSES.	NUMBER OF PATIENTS, 1st JANUARY 1922.					ADMISSIONS DURING THE YEAR 1922.										DISCHARGES DURING THE YEAR 1922.										DEATHS DURING THE YEAR 1922.										NUMBER OF PATIENTS REMAINING. 1st JANUARY 1923.					Average Number Resident during 1922.
		PRIVATE (including all Criminal Patients).		PAUPER.	Total Number of Lunatics.	Of the Total Number.										Of the Total Number.										Of the Total Number.										PRI- VATE (in- cluding all Criminal Patients).	PAUPER.	Total Num- ber of Luna- tics.				
						Total Number.	Private (including Criminal Patients).		Re-admissions known to have been at some previous time in the Institution, or in any Institution for the Insane, not including Transfers from other Institu- tions, or Re-admissions on fresh Reception Order rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1).		Transfers from other Institu- tions for the Insane.		Of the Number of Transfers.		Total Number.	Private (including Criminal Patients).		Discharged Recovered.		Of the Number Discharged Recovered.		Total Number.	Private (in- cluding Criminal Patients).		Number of Post- mortem Exami- nations made.																	
							M.	F.	M.	F.	M.	F.	M.	F.		M.	F.	M.	F.	M.	F.		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.				F.	M.	F.	
Beds (Bedford Borough).	Bishopstone House, Bedford	-	9	-	-	9	-	4	4	-	4	-	-	-	-	-	3	3	-	3	-	2	-	2	-	-	-	-	-	10	-	-	10	-	9							
Beds	Springfield House, Bedford	-	15	30	-	-	45	5	6	11	5	6	-	-	2	3	2	3	1	4	5	1	4	-	2	-	2	2	4	6	2	4	-	-	17	28	-	-	45	17	28	
Derby	Wye House, Buxton	-	10	15	-	-	25	6	4	10	6	4	1	-	-	-	-	5	5	10	5	5	3	2	3	2	2	3	5	2	3	-	-	9	11	-	-	20	11	12		
Devon	Court Hall, Kenton, Exeter	-	-	8	-	-	8	-	2	2	-	2	-	-	-	-	-	-	3	3	-	3	-	-	-	-	-	-	-	7	-	-	7	-	8							
"	Plympton House, Plympton	-	8	17	-	-	25	2	7	9	2	7	-	1	-	-	-	3	5	8	3	5	2	3	2	3	2	-	2	2	-	-	5	19	-	-	24	7	19			
Durham	Middleton Hall, Middleton St. George	7	29	-	-	36	2	13	15	2	13	-	5	-	-	-	1	12	13	1	12	-	3	-	3	-	2	2	-	2	-	-	8	28	-	-	36	7	29			
Essex	Littleton Hall, Shenfield, Brentwood	-	18	-	-	18	-	14	14	-	14	-	2	-	3	-	3	-	9	9	-	9	-	5	-	5	-	1	1	-	1	-	-	-	22	-	-	22	-	19		
Gloucester	Northwoods, Winterbourne, Bristol	-	13	21	-	-	34	9	6	15	9	6	-	-	-	-	9	10	19	9	10	6	5	6	5	3	-	3	3	-	-	-	10	17	-	-	27	12	19			
"	The Retreat, Fairford	-	21	25	-	-	46	3	6	9	3	6	-	2	1	1	1	1	3	2	5	3	2	1	-	1	-	2	1	3	2	1	-	-	19	28	-	-	47	19	27	
Hants	Westbrooke House, Alton	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Kent	Malling Place, West Malling, Maidstone	5	30	-	-	35	5	7	12	5	7	4	5	-	2	-	2	3	4	7	3	4	2	1	2	1	3	3	6	3	3	-	-	4	30	-	-	34	2	34		
Lancaster	Oaklands, Walmersley, Bury	-	9	-	-	9	-	3	3	-	3	-	-	-	-	-	-	1	1	-	1	-	1	-	1	-	1	1	1	-	1	-	-	-	10	-	-	10	-	9		
"	Haydock Lodge, Newton-le-Willows	53	71	-	-	124	39	38	77	39	38	2	2	2	2	2	26	34	60	26	34	13	18	13	18	8	7	15	8	7	-	-	58	68	-	-	126	64	75			
" (Liver- pool City).	Tue Brook Villa, Green Lane, Liver- pool.	26	23	-	-	49	2	3	5	2	3	-	-	-	-	-	5	1	6	5	1	1	1	1	1	1	2	3	1	2	-	-	22	23	-	-	45	23	22			
Lancaster	Shaftesbury House, Formby, near Liverpool.	10	26	-	-	36	1	13	14	1	13	-	3	1	1	1	1	1	9	10	1	9	-	6	-	6	1	1	2	1	1	-	-	9	29	-	-	38	9	29		
Norfolk (Nor- wich City).	Heigham Hall, Norwich	-	15	42	-	-	57	4	4	8	4	4	2	1	-	-	-	2	3	5	2	3	1	1	1	1	2	3	5	2	3	-	-	15	40	-	-	55	15	39		
"	The Grove, Old Catton, Norwich	-	-	16	-	-	16	-	7	7	-	7	-	1	-	1	-	1	6	6	-	6	-	4	-	4	-	-	-	-	-	-	-	17	-	-	17	-	15			
Salop	Stretton House, Church Stretton, Salop	32	-	-	-	32	10	-	10	10	-	-	-	2	-	2	-	5	-	5	5	-	3	-	3	-	3	-	3	3	-	-	34	-	-	34	32	-				
"	Grove House, All Stretton, Salop	-	-	33	-	-	33	-	8	8	-	8	-	2	-	1	-	1	12	12	-	12	-	7	-	7	-	-	-	-	-	-	-	29	-	-	29	-	31			
"	St. Mary's House, Whitchurch	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	1			
"	Boreatton Park, Baschurch, near Shrewsbury.	6	8	-	-	14	1	1	2	1	1	-	-	-	-	-	2	-	2	2	-	1	-	1	-	1	1	1	2	1	1	-	-	4	8	-	-	12	5	8		
Somerset	Brislington House, Bristol	-	32	45	-	-	77	13	22	35	13	22	1	5	4	1	4	1	10	19	29	10	19	4	7	4	7	2	6	8	2	6	-	1	33	42	-	-	75	33	43	
"	Failbrook House, Bath Easton, Bath	-	4	24	-	-	28	2	13	15	2	13	1	6	-	1	-	1	2	12	14	2	12	-	3	-	3	1	1	2	1	1	-	-	3	24	-	-	27	4	25	
Stafford	Ashwood House, Kingswinford, Dudley	10	18	-	-	28	2	2	4	2	2	-	-	-	-	-	-	-	2	2	-	2	-	1	-	1	1	2	3	1	2	-	-	11	16	-	-	27	10	17		
"	Moat House, Tamworth	-	-	6	-	-	6	-	1	1	-	1	-	-	-	-	-	-	1	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	6	-	-	6	-	6		
Surrey	The Silver Birches, Church St., Epsom	-	-	9	-	-	9	-	1	1	-	1	-	-	-	1	-	1	1	1	-	1	-	-	-	-	-	-	-	-	-	-	-	9	-	-	9	-	9			
Sussex	Ticehurst House, Ticehurst	-	40	42	-	-	82	4	9	13	4	9	-	-	1	3	1	3	2	5	7	2	5	1	3	1	3	1	2	3	1	2	-	-	41	44	-	-	85	41	41	

(a) Licence expired 16th April 1922.

TABLE I.—continued—PROVINCIAL LICENSED HOUSES—continued.

COUNTY.	HOUSES.	NUMBER OF PATIENTS, 1st JANUARY 1922.					ADMISSIONS DURING THE YEAR 1922.										DISCHARGES DURING THE YEAR 1922.										DEATHS DURING THE YEAR 1922.						NUMBER OF PATIENTS REMAINING, 1st JANUARY 1923.						Average Number Resident during 1922.			
		PRIVATE (including all Criminal Patients).		PAUPER.		Total Number of Lunatics.	Of the Total Number.										Of the Total Number.										Of the Total Number.						PRIVATE (including all Criminal Patients).		PAUPER.		Total Num- ber of Luna- tics.					
							Total Number.	Private (including Criminal Patients).		Re-admissions known to have been at some previous time in the Institution, or in any Institution for the Insane, not including Transfers from other Institu- tions, or Re-admissions on fresh Reception Orders rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1).	Transfers from other Institu- tions for the Insane.		Of the Number of Transfers.		Total Number.	Private (including Criminal Patients).		Discharged Recovered.		Of the Number Discharged Recovered.		Total Number.	Private (in- cluding Criminal Patients).		Number of Post- mortem Exami- nations made.																	
		M.	F.	M.	F.		M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.				
Sussex	St. George's Retreat, Burgess Hill	-	72	-	-	72	-	14	14	-	14	-	4	-	5	-	5	-	8	8	-	8	-	3	-	3	-	10	10	-	10	-	-	-	68	-	-	68	-	66		
"	Peritean House, Winchelsea	-	5	-	-	5	-	4	4	-	4	-	3	-	-	-	-	-	4	4	-	4	-	3	-	3	-	2	2	-	2	-	-	-	3	-	-	3	-	3		
" (Hastings Borough).	Ashbrook Hall, Hollington, St. Leonard's-on-Sea.	-	6	-	-	6	-	2	2	-	2	-	-	-	1	-	1	-	1	1	-	1	-	1	-	1	-	1	1	-	1	-	-	-	6	-	-	6	-	6		
Warwick	Glendossill, Henley - in - Arden, Birmingham.	8	24	-	-	32	9	15	24	9	15	1	2	1	4	1	4	6	10	16	6	10	3	9	3	9	2	2	4	2	2	-	1	9	27	-	-	36	9	25		
Wilts	Laverstock House, Salisbury	14	26	-	-	40	11	10	21	11	10	3	1	4	4	4	4	-	6	6	-	6	-	3	-	3	2	1	3	2	1	-	-	23	29	-	-	52	20	29		
" (New Sarum City).	The Old Manor, Salisbury	100	154	20	33	307	20	65	85	20	65	2	11	9	33	9	33	30	60	90	11	28	-	15	-	15	10	14	24	10	13	-	-	100	178	-	-	278	99	167		
Wilts	Fiddington House, Market Lavington, Devizes.	9	9	-	-	18	1	7	8	1	7	-	-	-	5	-	5	4	5	9	4	5	-	-	-	-	1	-	1	1	-	-	-	5	11	-	-	16	6	8		
"	Kingsdown House, Box, Chippenham	5	33	-	-	38	1	10	11	1	10	-	-	-	2	-	2	3	10	13	3	10	-	2	-	2	-	6	6	-	6	-	-	3	27	-	-	30	5	29		
Yorks, W.R.	Greta Bank, Burton - in - Lonsdale, Kirkby Lonsdale.	-	9	-	-	9	-	1	1	-	1	-	-	-	1	-	1	-	1	1	-	1	-	-	-	-	-	-	-	-	-	-	-	9	-	-	9	-	8			
" (Rother- ham Borough).	The Grange, Kimberworth, Rother- ham.	-	17	-	-	17	-	11	11	-	11	-	1	-	-	-	-	-	9	9	-	9	-	5	-	5	-	3	3	-	3	-	-	-	16	-	-	16	-	17		
York (York City)	The Pleasaunce, Heworth, York	-	12	-	-	12	-	5	5	-	5	-	2	-	-	-	-	-	3	3	-	3	-	2	-	2	-	2	2	-	2	-	-	-	12	-	-	12	-	12		
TOTAL -		443	943	20	33	1,439	152	338	490	152	338	(a)	(b)	17	59	27	75	27	75	123	281	404	104	249	41	118	41	118	50	81	131	50	80	-	2	442	952	-	-	1,394	450	944

(a) In addition to these numbers, 1 male patient was transferred, while resident during 1922, from the Pauper to the Private Class.
(b) In addition to these numbers, 11 patients (2 males and 9 females) were re-admitted on fresh Reception Orders, rendered necessary by previous Orders having expired under section 38 (1) of the Lunacy Act, 1890.

S U M M A R Y.

(a) 4,532 of these patients were Ex-Service men paid for by the Ministry of Pensions, and classed as "Service" patients.
 (b) In addition to these numbers, 1,562 patients (1,217 males and 345 females) were transferred, while resident during 1922, from the Pauper to the Private Class.
 (c) In addition to these numbers, 57 patients (17 males and 40 females) were re-admitted on fresh Reception Orders, rendered necessary by previous Orders having expired under section 38 (1) of the Lunacy Act, 1890.
 (d) In addition to these numbers, 829 patients (691 males and 138 females) were transferred, while resident during 1922, from the Private to the Pauper Class; and 50 Criminal (Private) Patients (45 males and 5 females) were retained in the Institution as Pauper Patients on their ceasing to be "Criminals" during the same year.

TABLE II.—COUNTY, DISTRICT, AND
TOTAL EXPENDITURE; AVERAGE WEEKLY COST of
and WEEKLY CHARGE for PATIENTS

COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS.	TOTAL EXPENDITURE during the Year ended 31st March 1922.					AVERAGE WEEKLY COST							
	On Maintenance Account.		On Building and Repairs Account (not including Cost of any Part of the Buildings in the Original Design).		Rent of Land rented.	Provisions not supplied from Institution Garden and Farm, but procured from outside the Institution (including Malt Liquor in ordinary Diet).	Clothing.	Salaries and Wages (excluding Deductions for Board, Lodging, and Washing, and Deductions under the Asylums Officers' Superannuation Act, 1909).	Pensions, Gratuities, &c. (charged to Maintenance Account).	Necessaries: <i>c.g.</i> , Fuel, Light, and Washing.			
	Exclusive of Pensions, &c.	Pensions, &c.	Exclusive of Pensions, &c.	Pensions, &c.									
C. = County. C.B. = County-Borough. B. = Borough of Schedule IV. of Lunacy Act, 1890.	£	£	£	£	£	s.	d.	d.	s.	d.	d.	s.	d.
COUNTY AND DISTRICT MENTAL HOSPITALS.													
Beds, Herts, and Hunts -	63,765	1,294	13,341	591	237	3	7 ³ / ₈	1/4 ³ / ₈	8	5 ¹ / ₂	5 ⁷ / ₈	2	7 ¹ / ₄
Berks, Reading C.B., Newbury B., and New Windsor B.	38,307	693	6,186	144	—	3	8 ⁷ / ₈	9 ¹ / ₂	7	10 ⁵ / ₈	3 ⁷ / ₈	2	9 ⁵ / ₈
Brecon, Radnor, and Montgomery C.	27,719	—	2,794	—	2	5	2	1/8 ¹ / ₄	7	1 ¹ / ₄	—	5	2 ¹ / ₄
Bucks - - - -	40,185	888	5,944	362	—	5	5 ⁷ / ₈	1/9 ⁵ / ₈	7	10 ⁵ / ₈	5 ⁵ / ₈	2	3 ¹ / ₄
Cambridge C., Isle of Ely,* and Cambridge B.*	42,356	1,313	6,497	76	57	6	5 ¹ / ₈	1/1	10	4 ⁵ / ₈	10 ¹ / ₈	3	4
Carmarthen, Cardigan, and Pembroke C.	45,173	443	2,720	150	—	6	9 ¹ / ₄	1/10	11	2 ¹ / ₂	3 ¹ / ₂	2	11 ⁷ / ₈
Chester C., Birkenhead C.B., Stockport C.B. (part) and Wallasey C.B.:													
Chester - - -	74,328	1,189	10,626	386	—	5	5 ⁷ / ₈	1/2 ¹ / ₂	8	8 ⁷ / ₈	4	2	9 ³ / ₄
Parkside - - -	60,509	1,084	8,570	294	158	4	8 ³ / ₈	9 ⁷ / ₈	8	2 ¹ / ₈	8 ¹ / ₂	3	3 ¹ / ₈
Cornwall* - - -	59,410	262	4,859	—	123	3	8 ⁷ / ₈	1/2 ⁷ / ₈	9	1 ³ / ₈	1 ¹ / ₈	2	10 ¹ / ₄
Cumberland, Westmorland, and Carlisle C.B.	50,259	992	5,261	173	—	6	2 ¹ / ₈	2/1 ³ / ₄	8	6 ¹ / ₈	4 ⁷ / ₈	2	1
Denbigh, Anglesea, Car- narvon, Flint, and Merioneth C.	53,457	1,088	4,803	53	231	5	6 ³ / ₄	2/- ³ / ₈	6	8 ¹ / ₄	5	3	- ⁷ / ₈
Derby C. - - -	46,726	1,215	6,702	979	—	5	3	1/8 ¹ / ₄	9	6	8	5	1 ¹ / ₄
Devon* - - -	70,611	1,522	6,466	217	—	4	10 ¹ / ₈	1/8 ³ / ₈	10	3	6 ³ / ₈	3	5 ³ / ₈
Dorset - - -	60,150	1,532	6,419	378	—	7	9 ³ / ₄	1/4 ¹ / ₄	9	2 ¹ / ₄	8 ³ / ₄	4	2 ¹ / ₄
Durham C., and Darling- ton C.B.	103,826	1,712	10,127	328	200	4	5 ⁵ / ₈	2/2 ⁵ / ₈	15	7 ⁵ / ₈	5 ³ / ₄	4	- ¹ / ₄
Essex, and Colchester B.:													
Brentwood - -	101,116	2,077	8,424	3,543	—	4	4 ³ / ₄	1/8 ¹ / ₈	11	3 ⁷ / ₈	6 ³ / ₈	3	1
Severalls - -	113,653	20	7,499	—	116	6	3 ¹ / ₂	1/5	11	10 ¹ / ₄	—	3	6 ¹ / ₄
Glamorgan and Merthyr Tydfil C.B.	118,506	845	7,549	76	—	4	11 ³ / ₄	1/9 ³ / ₄	11	4 ¹ / ₄	2 ¹ / ₄	3	1 ³ / ₄
Gloucester C., and Glou- cester C.B.	72,341	1,010	8,937	564	—	6	4	2/- ¹ / ₂	6	11 ³ / ₄	4	3	6 ¹ / ₂
Hants, Bournemouth C.B. and Southampton C.B.:													
Knowle - - -	68,551	807	8,605	—	—	4	7 ¹ / ₄	1/9 ¹ / ₂	10	6 ¹ / ₄	3 ¹ / ₂	2	9 ¹ / ₄
Park Prewett† - -	20,562	1	17,992	—	19	—	—	—	—	—	—	—	—
Hereford C., and Here- ford B.	32,428	208	6,525	—	—	5	5 ³ / ₄	1/- ¹ / ₂	11	8 ¹ / ₂	2	3	3 ⁵ / ₈
Herts - - -	59,768	185	4,095	40	7	5	5 ⁷ / ₈	1/5 ¹ / ₄	13	11 ¹ / ₂	1	3	4 ⁷ / ₈
Kent, and Gravesend B.:													
Barming Heath -	101,249	2,227	10,271	213	—	3	9 ³ / ₈	1/9 ⁵ / ₈	9	11 ¹ / ₄	6 ¹ / ₄	3	7 ¹ / ₄
Chartham - -	77,454	2,208	6,083	342	—	6	4 ³ / ₄	2/2 ¹ / ₈	9	10 ³ / ₄	9 ⁵ / ₈	4	3 ³ / ₄

* Cost of land purchased: Cambridge, 335*l.*; Cornwall, 510*l.*; Devon, 1,098*l.*

† Statement of average weekly cost is not given as the Institution was not open during the whole of the year.

COUNTY-BOROUGH MENTAL HOSPITALS.

MAINTENANCE, MEDICINE, CLOTHING, and CARE of PATIENTS ;
during the Year ended 31st March 1922.

during the Year ended 31st March 1922.								Daily Average Number of Patients resident during Year ended March 31st, 1922.		WEEKLY CHARGE during the Year ended 31st March 1922.		
Surgery and Dispensary.	Malt Liquor, Wine, and Spirits (not included in ordinary Diet).	Charged to Maintenance Account.			Less Moneys received for Articles, Goods, and Produce sold (exclusive of those consumed in the Institution).	Total Average Weekly Cost per Head.	Private (including "Service" and Criminal Patients).		Pauper.	Paupers from Counties or Boroughs (or from Unions within such Counties or Boroughs) to which the Mental Hospital belongs.	Paupers from other Counties or Boroughs (or from Unions within such other Counties or Boroughs).	Private Patients (not including "Service" and Criminal Patients).
		Furniture and Bedding.	Garden and Farm.	Miscellaneous.			Private (including "Service" and Criminal Patients).	Pauper.				
<i>d.</i> 2 ³ / ₄ 1 ³ / ₈	<i>d.</i> — —	<i>d.</i> 5 ¹ / ₂ 4 ⁵ / ₈	<i>s. d.</i> 4 5 ¹ / ₄ — 11 ⁷ / ₈	<i>s. d.</i> 2 6 ³ / ₈ 1 4 ⁷ / ₈	<i>d.</i> 2/- 6 ¹ / ₈	<i>s. d.</i> 22 2 17 11 ¹ / ₈	200 49	826 763	<i>s. d.</i> 38 6 24 11 ¹ / ₄ (a)	<i>s. d.</i> 41 1 ¹ / ₂ (a) 31 11 ¹ / ₄ (a)	<i>s. d.</i> 35/ to 56/ —	
3 ⁵ / ₈	—	1/3 ¹ / ₂	2 9 ³ / ₈	1 11 ¹ / ₈	1/2 ¹ / ₂	24 3 ³ / ₈	34	387	29 5(a)	34 5(a)	31/5(a) and 34/5(a)	
2 ¹ / ₄ 1 ³ / ₄	- ³ / ₈ - ¹ / ₈	1/- ¹ / ₂ 6	1 3 ¹ / ₂ 2 8 ¹ / ₂	1 8 ⁷ / ₈ 2 2 ¹ / ₄	1/- ¹ / ₄ 1/2	21 2 ¹ / ₄ 26 5 ¹ / ₂	85 32	659 554	25 8(a) 31 0 ³ / ₄ (a)	30 11(a) 31 - ³ / ₄ (a)	21/ to 49/ 38 9(a)	
2	1 ¹ / ₂	10 ¹ / ₂	1 2 ¹ / ₈	2 2 ³ / ₄	2	27 6	50	520	31 7 ³ / ₄ (a)	31 7 ³ / ₄ (a)	35/ to 60/	
2 ³ / ₈ 1 ³ / ₄ 1 ¹ / ₈ - ¹ / ₂	- ¹ / ₈ - ¹ / ₈ - ¹ / ₈ - ¹ / ₈	7 ¹ / ₂ 4 ¹ / ₈ 9 ³ / ₈ 1/1 ⁵ / ₈	— 9 ¹ / ₄ 1 - ¹ / ₂ 2 11 ⁷ / ₈ 1 11 ¹ / ₄	1 5 ³ / ₈ 1 5 ¹ / ₈ 1 5 ³ / ₄ 1 1 ⁵ / ₈	8 ³ / ₈ 5 ⁷ / ₈ 3 1/5 ³ / ₈	20 11 ¹ / ₄ 20 1 ³ / ₄ 22 1 ³ / ₄ 22 2 ³ / ₈	166 196 104 85	1,173 949 918 729	20 10 ¹ / ₄ (a) 22 9(a) 26 8 ¹ / ₄ (a) 26 3(a)	26 6 ¹ / ₂ (a) 26 6 ¹ / ₂ (a) 33 6 26 3(a)	30/7 ¹ / ₂ (a) to 42/ 28/ to 77/ 30/ to 84/ 31/6 to 42/	
1 ¹ / ₄	- ¹ / ₂	10 ⁵ / ₈	2 - ¹ / ₈	2 4	6 ³ / ₈	22 7 ³ / ₈	127	847	27 1 ¹ / ₂ (a)	31 2 ¹ / ₂ (a)	29/9 to 73/6	
1 ¹ / ₄ 2 2 ¹ / ₂ 2 ¹ / ₄	- ¹ / ₄ - ¹ / ₈ - ¹ / ₄ —	1/3 ¹ / ₄ 11 ³ / ₄ 1/5 9	2 - ¹ / ₄ 1 4 ³ / ₈ 1 10 ¹ / ₂ 2 10 ⁵ / ₈	2 - ¹ / ₄ 2 1 ³ / ₈ 2 1 ¹ / ₄ 2 2 ⁷ / ₈	11 ¹ / ₈ 6 ⁵ / ₈ 1/3 ³ / ₄ 11 ¹ / ₄	26 8 ⁵ / ₈ 24 10 ¹ / ₄ 27 7 31 11 ¹ / ₈	35 95 222 111	671 993 594 1,123	31 6(a) 26 — 29 10 ³ / ₄ (a) 39 8(a)	— 28/ and 31/ 34 1 ¹ / ₂ (a) 41 10 ³ / ₅	— 35/ to 63/ 31/6 to 42/ 36/2 to 46/1	
2 ¹ / ₈ 3 1 ³ / ₄	— — - ¹ / ₂	1/2 ⁵ / ₈ 1/- ¹ / ₂ 1/- ¹ / ₄	1 6 ¹ / ₂ 1 11 1 2	2 2 ³ / ₄ 3 7 ¹ / ₂ 3 7	3 ¹ / ₂ 1/6 2 ¹ / ₄	25 10 ⁵ / ₈ 28 5 27 3	93 154 124	1,419 1,300 1,559	35 -(a) 35 -(a) 33 6 ¹ / ₂ (a)	40 2(a) 40 2(a) 37 7 ¹ / ₂ (a)	— 47 4(a) 33/6 ¹ / ₂ (a) to 47/6 ¹ / ₂ (a)	
1 ¹ / ₂	- ¹ / ₄	1/11	2 1 ¹ / ₂	1 5	1/- ¹ / ₂	23 9 ¹ / ₂	71	1,054	27 9	33 9	40 7	
2 ¹ / ₂ — 2 ³ / ₈	— — - ¹ / ₄	1/1 ¹ / ₄ — 8 ³ / ₄	— 11 ¹ / ₂ — 1 5 ⁵ / ₈	1 8 ¹ / ₂ — 2 - ⁵ / ₈	1/1 ¹ / ₂ — 6 ¹ / ₄	22 10 — 25 7 ³ / ₄	48 4 30	1,062 248 449	27 8(a) 28 7(a) 28 10 ¹ / ₂ (a)	31 9(a) 32 8(a) 35 —	— 35/ to 63/ 35 —	
2 ¹ / ₈	- ¹ / ₈	10 ⁷ / ₈	2 9 ¹ / ₈	2 2	1/7 ⁷ / ₈	28 8 ⁷ / ₈	50	750	38 2 ¹ / ₂ (a)	43 5 ¹ / ₂ (a)	38 2 ¹ / ₂ (a) & 43 5 ¹ / ₂ (a)	
2 ⁵ / ₈ 3	— - ¹ / ₄	7 ⁷ / ₈ 11	1 3 ⁷ / ₈ 1 8 ⁷ / ₈	2 4 ¹ / ₈ 2 4 ³ / ₈	2 ³ / ₈ 2/3 ³ / ₄	23 11 ⁷ / ₈ 26 6 ³ / ₄	84 52	1,565 1,006	32 8(a) 32 8(a)	32 8(a) 32 8(a)	35 — 35 —	

(a) Average.

TABLE II.—COUNTY, DISTRICT, AND
TOTAL EXPENDITURE; AVERAGE WEEKLY COST OF
and WEEKLY CHARGE for PATIENTS,

COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS. C. = County. C.B. = County-Borough. B. = Borough of Schedule IV. of Lunacy Act, 1890.	TOTAL EXPENDITURE during the Year ended 31st March 1922.					AVERAGE WEEKLY COST											
	On Maintenance Account.		On Building and Repairs Account (not including Cost of any Part of the Buildings in the Original Design).		Rent of Land rented.	Provisions not supplied from Institution Garden and Farm, but procured from outside the Institution (including Malt Liquor in ordinary Diet).	Clothing.	Salaries and Wages (excluding Deductions for Board, Lodging, and Washing, and Deductions under the Asylums Officers' Superannuation Act, 1909).	Pensions, Gratuities, &c. (charged to Maintenance Account).	Necessaries; e.g., Fuel, Light, and Washing.							
	Exclusive of Pensions, Gratuities, &c.	Pensions, &c.	Exclusive of Pensions, Gratuities, &c.	Pensions, &c.													
COUNTY AND DISTRICT MENTAL HOSPITALS —cont.																	
Lancaster C., all the County Boroughs, and Stockport C.B. (part):	£	£	£	£	£	s.	d.	d.	s.	d.	d.	s.	d.				
Lancaster - - -	145,277	2,822	14,233	1,056	—	6	2½	9½	10	9½	5¼	2	6½				
Rainhill* - - -	130,617	847	14,575	1,358	—	4	—½	7¼	13	4½	1½	2	4¼				
Prestwich - - -	175,432	3,536	21,236	1,285	—	5	2½	1¼½	11	2½	6½	3	10½				
Whittingham - -	165,267	2,913	20,897	2,307	170	4	2	11¼	9	8¾	4½	3	2¾				
Winwick† - - -	—	1,097	—	—	—	—	—	—	—	—	—	—	—				
Leicester C., and Rutland	40,652	174	3,241	282	—	6	8	1/13¼	8	7¾	1½	3	9¾				
Lincoln C. (Lindsey and Holland Divisions), Grimsby C.B., Lincoln C.B.	62,443	289	4,024	280	—	6	2½	1/10¾	9	7¾	1½	4	4¾				
Lincoln C. (Kesteven Div.)	32,854	132	2,540	—	—	7	3½	1/13½	7	3½	1½	7	—¾				
London C.:																	
Banstead* - - -	165,995	3,189	7,765	107	—	4	6½	1/47½	13	6½	6¼	2	5½				
Bexley - - - - -	165,189	2,802	8,035	94	—	4	11½	1/6¾	14	1¼	6¼	2	9¾				
Cane Hill - - - -	158,986	2,923	10,116	98	70	4	4½	1/57½	13	10¾	6¼	2	6¾				
Claybury - - - -	185,944	3,430	11,324	115	—	4	9	1/3½	13	4	6¼	2	5¾				
Colney Hatch* - -	188,937	3,490	11,001	116	—	4	3½	1/6½	14	2¾	6½	2	4¼				
Epileptic Colony† -	—	—	—	—	—	—	—	—	—	—	—	—	—				
Hanwell - - - - -	186,499	3,404	13,846	114	223	4	4	1/5½	14	5¼	6¼	2	6½				
Horton* - - - - -	128,875	1,704	6,677	57	—	5	6½	1/3½	18	—	6¼	3	6¼				
Long Grove* - - -	158,038	2,813	9,558	94	—	4	7½	1/5	14	6½	6¼	2	5¾				
Manor‡* - - - - -	19,535	103	4,172	3	15	—	—	—	—	—	—	—	—				
Middlesex:																	
Wandsworth - - -	94,517	3,675	12,496	887	—	5	3½	1/6½	13	3½	1/17½	3	—¾				
Napsbury - - - -	114,268	344	18,620	263	17	4	11½	1/5¼	11	—¾	1	3	2½				
Monmouth C. - - -	61,431	1,644	5,331	225	—	5	11¼	2/3¾	10	—½	7¾	2	3¾				
Norfolk - - - - -	74,794	973	15,720	50	133	6	6¼	1/9¼	13	5	4½	5	7½				
Northampton C. -	51,285	553	8,004	77	48	4	9½	11½	9	4¾	2¼	2	11½				
Northumberland and Tynemouth C.B.	51,365	2,148	2,614	652	272	4	4¼	2/7½	11	2½	1/2½	3	2½				
Nottingham C. - -	38,053	197	2,537	350	—	5	6¼	1/2¾	10	1½	1½	4	4½				
Oxford C., and Oxford C.B.†	—	—	—	—	—	—	—	—	—	—	—	—	—				
Salop, Shrewsbury B., and Wenlock B.	38,173	213	4,836	356	45	4	8	1/7¼	7	2½	1¼	3	2				
Somerset and Bath C.B.:																	
Wells - - - - -	48,163	1,386	5,207	68	180	4	8½	1/8½	8	6½	8¾	2	4				
Cotford - - - - -	40,453	311	6,874	20	129	4	8½	1/5½	8	7½	1½	3	1				

(a) Average.

* Cost of land purchased: Rainhill, 2,457*l.*; Banstead (tithe redemption), 772*l.*; Colney Hatch (tithe redemption), 587*l.*; Horton (tithe redemption), 338*l.*; Long Grove (tithe redemption), 430*l.*; Manor (tithe redemption), 171*l.*

COUNTY-BOROUGH MENTAL HOSPITALS--continued.

MAINTENANCE, MEDICINE, CLOTHING, and CARE of PATIENTS;
during the Year ended 31st March 1922.

during the Year ended 31st March 1922.										Daily Average Number of Patients resident during Year ended March 31st, 1922.		WEEKLY CHARGE during the Year ended 31st March 1922.				
Surgery and Dispensary.	Malt Liquor, Wine, and Spirits (not included in ordinary Diet).	Charged to Maintenance Account.			Less Moneys received for Articles, Goods, and Produce sold (exclusive of those consumed in the Institution).	Total Average Weekly Cost per Head.	Private (including "Service" and Criminal Patients).		Pauper.	Paupers from Counties or Boroughs (or from Unions within such Counties or Boroughs) to which the Mental Hospital belongs.	Paupers from other Counties or Boroughs (or from Unions within such other Counties or Boroughs).	Private Patients (not including "Service" and Criminal Patients).				
		Furniture and Bedding.	Garden and Farm.	Miscellaneous.			Private (including "Service" and Criminal Patients).	Pauper.								
d.	d.	d.	s.	d.	s.	d.	s.	d.			s.	d.	s.	d.	s.	d.
1 $\frac{7}{8}$	— $\frac{1}{4}$	6	—	8	1	1 $\frac{1}{2}$	3 $\frac{1}{4}$	22 10 $\frac{7}{8}$	406	2,045	28 7(a)	29 9	30/11 to 105/			
— $\frac{5}{8}$	— $\frac{1}{8}$	7 $\frac{1}{8}$	1	— $\frac{3}{4}$	1	4 $\frac{5}{8}$	8 $\frac{3}{8}$	22 10 $\frac{7}{8}$	213	1,895	28 7(a)	29 9	33 7(a)			
1 $\frac{1}{4}$	— $\frac{1}{8}$	9	1	— $\frac{7}{8}$	1	6 $\frac{3}{4}$	6 $\frac{1}{2}$	25 2	303	2,378	28 7(a)	29 9	29/9 to 40/			
2 $\frac{1}{2}$	— $\frac{5}{8}$	7 $\frac{3}{4}$	3	1	1	1 $\frac{1}{2}$	1/6	22 — $\frac{1}{2}$	138	2,596	28 7(a)	29 9	30 —			
—	—	—	—	—	—	—	—	—	—	—	—	—	—			
1	— $\frac{1}{4}$	1/1	2	4 $\frac{3}{4}$	2	5 $\frac{5}{8}$	1/5 $\frac{1}{8}$	24 11 $\frac{3}{4}$	60	534	27 8 $\frac{1}{2}$ (a)	30 — $\frac{1}{2}$ (a)	—			
1 $\frac{3}{4}$	— $\frac{1}{8}$	7 $\frac{1}{8}$	—	7 $\frac{3}{4}$	2	6 $\frac{7}{8}$	3 $\frac{3}{8}$	25 11 $\frac{1}{4}$	45	872	27 5(a)	32 5(a)	40 —			
—	—	—	—	—	—	—	—	—	—	—	—	—	—			
1 $\frac{1}{8}$	—	9 $\frac{1}{8}$	1	4 $\frac{3}{8}$	1	10 $\frac{1}{2}$	1/2 $\frac{1}{2}$	25 9	40	417	29 5 $\frac{1}{2}$	33 5 $\frac{1}{2}$	35/ to 63/			
2 $\frac{1}{8}$	— $\frac{1}{8}$	9	1	4	2	10 $\frac{3}{8}$	1	27 6 $\frac{1}{8}$	184	2,168	36 2(a)	36 2(a)	39 3(a)			
2 $\frac{3}{8}$	—	10 $\frac{3}{4}$	2	1 $\frac{3}{4}$	4	— $\frac{3}{4}$	3 $\frac{5}{8}$	30 10 $\frac{3}{4}$	124	1,943	36 2(a)	36 2(a)	34/5 to 38/6			
2	—	1/— $\frac{1}{4}$	1	11 $\frac{7}{8}$	2	9 $\frac{1}{8}$	4 $\frac{5}{8}$	28 5 $\frac{1}{8}$	146	2,009	35 7(a)	35 7(a)	35/7(a) and 39/8.			
2 $\frac{1}{4}$	— $\frac{1}{8}$	10 $\frac{1}{2}$	1	4 $\frac{5}{8}$	3	10 $\frac{5}{8}$	4 $\frac{1}{4}$	28 4 $\frac{3}{8}$	254	2,275	36 2(a)	36 2(a)	36/2(a) to 73/6			
2 $\frac{5}{4}$	—	10 $\frac{1}{4}$	1	8 $\frac{1}{4}$	2	11 $\frac{3}{4}$	2 $\frac{1}{2}$	28 5 $\frac{5}{8}$	116	2,457	36 2(a)	36 2(a)	34/5 to 38/6			
—	—	—	—	—	—	—	—	—	—	—	—	—	—			
2	—	1/2	1	5 $\frac{1}{2}$	2	10 $\frac{5}{8}$	3 $\frac{3}{4}$	28 8 $\frac{3}{8}$	139	2,372	36 2(a)	36 2(a)	34/5 to 40/10			
2 $\frac{5}{8}$	—	1/— $\frac{1}{4}$	2	7 $\frac{3}{8}$	4	7 $\frac{3}{8}$	6 $\frac{7}{8}$	36 9	150	1,107	36 2(a)	36 2(a)	36/2(a) to 44/4			
2 $\frac{1}{4}$	—	11	1	9 $\frac{1}{2}$	3	3 $\frac{1}{4}$	2 $\frac{1}{8}$	29 6 $\frac{5}{8}$	213	1,862	36 2(a)	36 2(a)	34/5 to 40/10			
—	—	—	—	—	—	—	—	—	—	—	—	—	—			
2 $\frac{1}{2}$	—	1/5 $\frac{1}{2}$	1	9 $\frac{1}{8}$	3	— $\frac{3}{4}$	3 $\frac{1}{2}$	30 6 $\frac{1}{4}$	93	1,126	35 1(a)	35 1(a)	54/5 and 75/6			
1 $\frac{3}{4}$	—	1/1 $\frac{1}{2}$	1	11 $\frac{5}{8}$	1	11 $\frac{3}{8}$	4 $\frac{1}{2}$	25 6 $\frac{1}{2}$	81	1,635	35 —(a)	35 —(a)	42 —			
1 $\frac{3}{4}$	— $\frac{1}{2}$	1/1 $\frac{1}{2}$	1	6 $\frac{3}{4}$	1	11	4	25 8 $\frac{1}{2}$	93	880	26 3	30 —	30/ and 42/			
2 $\frac{3}{4}$	— $\frac{1}{4}$	11 $\frac{1}{4}$	2	2 $\frac{1}{2}$	2	4	1/ $\frac{7}{8}$	32 4	54	835	37 11(a)	44 11(a)	52 11(a)			
1 $\frac{3}{8}$	— $\frac{1}{2}$	7 $\frac{3}{4}$	1	7 $\frac{7}{8}$	1	1 $\frac{7}{8}$	1/8 $\frac{1}{8}$	20 3 $\frac{3}{8}$	64	842	22 10 $\frac{3}{4}$ (a)	32 10 $\frac{3}{4}$ (a)	38/9 $\frac{1}{2}$ & 41/3 $\frac{1}{2}$ (a)			
3 $\frac{1}{8}$	— $\frac{5}{8}$	1/8 $\frac{1}{8}$	3	5 $\frac{5}{8}$	2	4 $\frac{7}{8}$	9 $\frac{1}{8}$	29 8 $\frac{3}{4}$	32	641	29 2(a)	42 —	42 —			
1 $\frac{3}{8}$	—	2 $\frac{5}{8}$	2	1 $\frac{3}{4}$	1	11 $\frac{1}{2}$	2/— $\frac{3}{4}$	23 9 $\frac{3}{8}$	25	539	28 —	35 —	42 —			
—	—	—	—	—	—	—	—	—	—	—	—	—	—			
1	— $\frac{3}{8}$	10	—	10 $\frac{3}{4}$	1	— $\frac{1}{2}$	10 $\frac{7}{8}$	18 8 $\frac{3}{4}$	85	730	21 3 $\frac{1}{2}$ (a)	25 1(a)	28 6(a)			
1 $\frac{1}{4}$	—	5 $\frac{3}{4}$	1	10 $\frac{3}{8}$	1	3	2 $\frac{1}{2}$	21 6	42	736	24 9 $\frac{3}{4}$ (a)	30 4	30 4			
1 $\frac{1}{2}$	— $\frac{7}{8}$	1/— $\frac{1}{8}$	2	3 $\frac{1}{2}$	1	6 $\frac{1}{2}$	5 $\frac{7}{8}$	22 7 $\frac{1}{2}$	67	620	24 9(a)	42 —	31/6(a) to 35/7			

† As this Institution was functioning as a War Hospital during part of the year, the statement of Average Weekly Cost has not been prepared.

† As this Institution was on loan to the Ministry of Pensions, the statement of Average Weekly Cost has not been prepared.

§ Statement of Average Weekly Cost is not given as the Institution was not open during the whole of the year.

TABLE II.—COUNTY, DISTRICT, AND
TOTAL EXPENDITURE; AVERAGE WEEKLY COST OF
and WEEKLY CHARGE for PATIENTS,

COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS.	TOTAL EXPENDITURE during the Year ended 31st March 1922.					AVERAGE WEEKLY COST									
	On Maintenance Account.		On Building and Repairs Account (not including Cost of any Part of the Buildings in the Original Design).		Rent of Land rented.	Provisions not supplied from Institution Garden and Farm, but procured from outside the Institution (including Malt Liquor in ordinary Diet).	Clothing.	Salaries and Wages (excluding Deductions for Board, Lodging, and Washing, and Deductions under the Asylums Officers' Superannuation Act, 1909).	Pensions, Gratuities, &c. (charged to Maintenance Account).	Necessaries; e.g., Fuel, Light, and Washing.					
	Exclusive of Pensions, Gratuities, &c.	Pensions, Gratuities, &c.	Exclusive of Pensions, Gratuities, &c.	Pensions, Gratuities, &c.											
C. = County. C.B. = County-Borough. B. = Borough of Schedule IV. of Lunacy Act, 1890.															
COUNTY AND DISTRICT MENTAL HOSPITALS —cont.	£	£	£	£	£	s.	d.	d.	s.	d.	d.	s.	d.		
Stafford C., Burton-on-Trent C.B., Smethwick C.B., Stoke-on-Trent C.B. (part) and Newcastle-under-Lyme B.:															
Stafford - - -	60,074	1,231	4,123	—	—	5	9	1/5	11	9½	6½	2	9½		
Burntwood - - -	59,101	747	5,055	262	15	5	8½	1/3¼	10	3¾	3¾	3	8½		
Cheddleton - - -	66,136	250	6,362	—	—	7	5¼	1/-	11	5¾	1¼	4	4½		
Suffolk, E. and W.* - -	59,425	533	6,496	328	—	5	3½	1/5¾	10	6¼	2¾	2	10½		
Surrey and (for Brookwood) Guildford B.:															
Brookwood - - -	78,761	2,056	6,526	430	—	4	8½	1/6¾	8	10½	7½	3	7½		
Netherne - - -	65,919	863	9,122	—	—	5	8½	1/8¼	9	10½	4¾	3	9½		
Sussex, E. - - -	88,220	150	9,791	150	—	6	5¾	1/10	11	5	—	3	2¼		
" W. - - -	55,446	129	7,130	—	—	6	5¾	1/10½	13	4¾	1	4	3½		
Warwick C., Coventry C.B., and Warwick B.	73,324	1,822	13,714	641	245	4	5¼	1/11	7	8	7½	3	5		
Wight, Isle of - - -	23,606	—	2,222	—	—	6	2	1/5	10	1½	—	4	2¼		
Wilts - - -	55,531	1,547	3,804	885	81	4	8½	1/8½	9	1½	7¾	2	10¾		
Worcester C., and (for Powick) Dudley C.B., and Worcester C.B.:															
Powick - - -	56,493	1,359	2,559	278	448	3	4½	1/1¾	8	2¾	6½	3	1½		
Barnsley Hall - - -	46,356	—	2,904	—	—	5	2¾	1/-½	9	6½	—	2	3¼		
York, North Riding - -	55,606	474	10,333	800	2	5	7½	1/5	11	6¼	3	4	1		
York, West Riding, and (except for Scalebor Park) Barnsley, Bradford, Dewsbury, Halifax, Huddersfield, Leeds, Rotherham, Sheffield and Wakefield C.B., and (for Wadsley and Storthes Hall) Doncaster B.:															
Wakefield* - - -	182,643	4,156	14,025	1,179	259	4	10¼	1/8¼	18	11¾	9¾	4	3½		
Wadsley - - -	131,047	3,842	15,255	1,698	130	3	5½	1/9¾	21	11½	1/2¾	3	11¼		
Menston - - -	122,735	1,025	9,165	369	—	4	5¼	1/6	12	3¼	2½	3	3		
Scalebor Park (for private patients only).	—	—	—	—	—	—	—	—	—	—	—	—	—		
Storthes Hall - - -	109,057	53	12,118	15	—	5	¾	1/11¼	15	¾	¼	4	6¾		
York, East Riding* - -	30,274	772	2,873	—	—	4	6¼	1/10¾	8	6	7½	4	4¾		
TOTALS (County and District Mental Hospitals) - -	£ 5,745,205	92,936	576,351	26,258	3,632										

* Cost of land purchased : Suffolk, 325l. ; Wakefield, 1,900l. ; East Riding, 170l.

COUNTY-BOROUGH MENTAL HOSPITALS—continued.

MAINTENANCE, MEDICINE, CLOTHING, and CARE of PATIENTS ;
during the Year ended 31st March 1922.

during the Year ended 31st March 1922.										Daily Average Number of Patients resident during Year ended March 31st, 1922.		WEEKLY CHARGE during the Year ended 31st March 1922.				
Surgery and Dispensary.	Malt Liquor, Wine, and Spirits (not included in ordinary Diet).	Charged to Maintenance Account.			Less Moneys received for Articles, Goods, and Produce sold (exclusive of those consumed in the Institution).	Total Average Weekly Cost per Head.		Private (including "Service" and Criminal Patients).	Pauper.	Paupers from Counties or Boroughs (or from Unions within such Counties or Boroughs) to which the Mental Hospital belongs.	Paupers from other Counties or Boroughs (or from Unions within such other Counties or Boroughs).	Private Patients (not including "Service" and Criminal Patients).				
		Furniture and Bedding.	Garden and Farm.	Miscellaneous.												
d.	d.	d.	s.	d.	s.	d.	d.	s.	d.	s.	d.	s.	d.			
1 ³ / ₄	—	9 ¹ / ₄	—	8	2	7	4	26	1 ¹ / ₈	55	829	33	11 ³ / ₄ (a)	33	11 ³ / ₄ (a)	—
2 ³ / ₈	— ¹ / ₄	11 ¹ / ₈	1	— ⁵ / ₈	1	8 ⁵ / ₈	4 ¹ / ₄	24	11 ¹ / ₂	66	827	33	11 ³ / ₄ (a)	33	11 ³ / ₄ (a)	42 —
2 ³ / ₈	—	7 ³ / ₈	1	2 ⁵ / ₈	2	2 ³ / ₄	1 5 ³ / ₈	27	2 ¹ / ₂	76	860	34	—(a)	37	6(a)	49 —
1 ³ / ₈	— ¹ / ₄	9 ³ / ₈	1	11 ¹ / ₂	1	10 ⁵ / ₈	11	24	2 ⁵ / ₈	45	862	29	2(a)	32	8(a)	35 —
1 ³ / ₈	— ¹ / ₈	10 ⁵ / ₈	2	— ¹ / ₂	2	6 ¹ / ₂	1 4 ³ / ₄	23	5 ³ / ₄	31	1,213	29	4	29	4	42 —
2	—	10 ³ / ₈	2	8 ³ / ₄	2	9 ¹ / ₂	1 11 ³ / ₄	25	11 ³ / ₄	144	772	30	—(a)	30	—(a)	35/ to 63/
4	— ¹ / ₂	1 7 ³ / ₈	1	11 ³ / ₈	2	7 ⁵ / ₈	1 2 ³ / ₄	28	3 ⁷ / ₈	108	1,039	35	10 ¹ / ₂ (a)	33/3 to 48/6	51	7 ¹ / ₂ (a)
4 ¹ / ₈	— ³ / ₈	11 ¹ / ₄	3	11 ⁷ / ₈	3	5 ¹ / ₈	1 3 ⁵ / ₈	33	6 ⁵ / ₈	44	567	37	2 ¹ / ₄ (a)	37	2 ¹ / ₄ (a)	54 5 ¹ / ₄
2 ¹ / ₂	— ¹ / ₄	1 2 ¹ / ₂	3	11 ¹ / ₂	2	4 ⁷ / ₈	11 ¹ / ₄	24	11 ¹ / ₈	115	1,003	30	11(a)	31/6 to 35/—	31/6 to 84/	31/6 to 84/
2 ¹ / ₂	— ¹ / ₈	1 1 ⁷ / ₈	2	3 ⁵ / ₈	2	1 ¹ / ₂	1 4 ⁵ / ₈	26	3 ³ / ₄	61	266	31	9(a)	35	—	35/ to 109/
— ³ / ₄	— ¹ / ₈	1 3 ¹ / ₂	1	6 ¹ / ₄	1	10 ¹ / ₂	1 2 ¹ / ₂	22	7 ¹ / ₈	58	862	27	5(a)	32	—	30 —
2 ¹ / ₄	— ¹ / ₈	8 ¹ / ₈	4	7 ³ / ₈	1	7 ⁵ / ₈	11 ¹ / ₂	22	6 ⁷ / ₈	56	889	27	7(a)	28/ to 32/3 ³ / ₄	30	—
3 ¹ / ₂	—	8 ⁵ / ₈	3	6 ¹ / ₂	2	4	1 6 ³ / ₈	23	5	150	597	26	11 ³ / ₄ (a)	28	—	33 9(a)
1 ⁷ / ₈	— ³ / ₈	1 10 ¹ / ₂	2	5 ⁵ / ₈	2	— ¹ / ₄	10 ³ / ₈	28	6 ⁵ / ₈	58	673	29	5 ¹ / ₂ (a)	35	—	40 3(a)
2 ¹ / ₂	—	10 ¹ / ₄	2	6 ⁵ / ₈	4	3 ³ / ₄	1/— ³ / ₄	37	5 ⁵ / ₈	164	1,754	32	8	32	8	36 9
2	— ¹ / ₈	5 ³ / ₄	4	7 ¹ / ₄	3	— ³ / ₄	5 ¹ / ₈	40	3 ¹ / ₄	41	1,152	32	8	36	9	36 9
2	—	8 ⁷ / ₈	2	3	1	5	3 ¹ / ₂	25	11 ³ / ₈	191	1,671	32	8	36	9	36 9
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1 ³ / ₄	—	4 ¹ / ₂	2	— ³ / ₄	3	4 ¹ / ₄	9 ³ / ₄	31	8 ¹ / ₂	84	1,203	32	8	32	8	36 9
2	—	1 3 ³ / ₄	3	4 ¹ / ₂	1	8	11 ¹ / ₄	25	6 ¹ / ₄	36	431	28	—	30/ to 32/	30/ to 56/	30/ to 56/

(a) Average.

TABLE II.—COUNTY, DISTRICT, AND
TOTAL EXPENDITURE ; AVERAGE WEEKLY COST of
and WEEKLY CHARGE for PATIENTS

COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS.	TOTAL EXPENDITURE during the Year ended 31st March 1922.					AVERAGE WEEKLY COST									
	On Maintenance Account.		On Building and Repairs Account (not including Cost of any Part of the Buildings in the Original Design).		Rent of Land rented.	Provisions not supplied from Institution Garden and Farm, but procured from outside the Institution (including Malt Liquor in ordinary Diet).	Clothing.	Salaries and Wages (excluding Deductions for Board, Lodging, and Washing, and Deductions under the Asylums Officers' Superannuation Act, 1909).	Pensions, Gratuities, &c. (charged to Maintenance Account).	Necessaries; e.g., Fuel, Light, and Washing.					
	Exclusive of Pensions, Gratuities, &c.	Pensions, Gratuities, &c.	Exclusive of Pensions, Gratuities, &c.	Pensions, Gratuities, &c.											
C. = County. C.B. = County-Borough. B. = Borough of Schedule IV. of Lunacy Act, 1890.															
COUNTY-BOROUGH MENTAL HOSPITALS (including City of London).															
Birmingham :	£	£	£	£	£	s.	d.	d.	s.	d.	d.	s.	d.	s.	d.
Winson Green -	53,118	331	2,620	—	—	6	23 ³ / ₄	2/- ⁵ / ₈	10	11 ¹ / ₈	2	3	71 ¹ / ₂	3	71 ¹ / ₂
Rubery Hill -	66,169	1,537	32,299	—	—	6	11 ³ / ₈	1/10 ¹ / ₄	11	7 ³ / ₈	93 ³ / ₈	4	7	4	7
Brighton -	60,233	572	4,249	47	—	5	5	1/9 ⁷ / ₈	11	11 ¹ / ₂	3 ³ / ₈	4	53 ³ / ₈	4	53 ³ / ₈
Bristol -	46,241	398	1,865	99	—	4	8 ⁷ / ₈	9 ³ / ₄	9	7 ¹ / ₄	3	3	7	3	7
Canterbury -	16,633	88	2,314	—	—	7	9 ³ / ₈	8 ¹ / ₄	17	— ¹ / ₄	2 ¹ / ₄	5	— ³ / ₄	5	— ³ / ₄
Cardiff -	65,314	17	8,011	17	12	8	6 ¹ / ₂	7 ³ / ₄	19	9 ³ / ₄	— ¹ / ₈	5	11 ¹ / ₄	5	11 ¹ / ₄
Croydon -	55,124	198	5,569	121	—	4	7	1/6 ¹ / ₄	11	2 ¹ / ₂	1 ¹ / ₂	3	7 ¹ / ₂	3	7 ¹ / ₂
Derby -	30,170	702	2,295	70	606	5	2 ³ / ₈	1/9 ³ / ₄	12	1 ¹ / ₄	8 ¹ / ₈	2	3 ¹ / ₄	2	3 ¹ / ₄
Exeter -	25,467	614	2,766	97	97	6	7 ³ / ₈	1/3	12	1 ⁵ / ₈	10	3	6 ⁷ / ₈	3	6 ⁷ / ₈
Gateshead -	25,797	—	1,963	—	—	6	6 ¹ / ₂	1/8 ¹ / ₂	16	10 ³ / ₈	—	6	11 ³ / ₈	6	11 ³ / ₈
Hull -	44,903	367	11,161	121	254	3	10 ¹ / ₄	2/5 ⁷ / ₈	11	3	—	4	6 ⁷ / ₈	4	6 ⁷ / ₈
Ipswich -	19,620	485	1,439	297	3	6	4 ³ / ₈	1/4 ³ / ₄	8	11 ¹ / ₄	7 ¹ / ₄	3	4 ¹ / ₂	3	4 ¹ / ₂
Leicester -	57,072	709	6,309	137	315	5	5 ¹ / ₈	1/7 ¹ / ₂	9	7 ¹ / ₄	3 ⁷ / ₈	3	2	3	2
London (City of) -	49,918	420	10,144	1,000	233	4	2 ³ / ₄	10	12	5 ¹ / ₂	3 ¹ / ₂	4	3 ³ / ₈	4	3 ³ / ₈
Middlesbrough -	31,771	175	2,913	—	—	4	8 ⁷ / ₈	9 ¹ / ₂	12	6	2 ¹ / ₈	3	9 ¹ / ₈	3	9 ¹ / ₈
Newcastle-upon-Tyne -	62,014	281	5,671	576	—	6	2	1/11 ¹ / ₈	11	11 ⁵ / ₈	1 ⁵ / ₈	3	7 ³ / ₄	3	7 ³ / ₄
Newport -	30,577	46	5,591	—	2	6	8 ¹ / ₄	1/10 ³ / ₄	12	7 ¹ / ₂	— ³ / ₄	4	11 ¹ / ₄	4	11 ¹ / ₄
Norwich -	34,993	579	2,468	551	145	6	7 ³ / ₈	1/7 ¹ / ₈	9	1 ⁵ / ₈	5 ³ / ₄	5	9	5	9
Nottingham -	49,973	1,301	3,146	68	167	5	6 ¹ / ₄	1/3 ¹ / ₈	8	9 ¹ / ₂	6 ⁷ / ₈	3	7 ³ / ₄	3	7 ³ / ₄
Plymouth -	37,481	1,145	2,957	—	—	4	11 ¹ / ₂	1/1 ¹ / ₂	10	3	6 ³ / ₄	3	6 ³ / ₄	3	6 ³ / ₄
Portsmouth -	58,022	1,220	3,712	—	—	4	3	1/2 ¹ / ₂	11	6 ¹ / ₂	7	2	10 ³ / ₄	2	10 ³ / ₄
Sunderland -	31,269	466	2,018	—	—	5	4 ¹ / ₂	1/- ⁷ / ₈	11	10 ⁷ / ₈	5 ¹ / ₂	3	9 ¹ / ₈	3	9 ¹ / ₈
West Ham -	81,037	145	5,609	—	—	5	2 ¹ / ₂	1/6 ³ / ₄	15	— ¹ / ₈	— ³ / ₄	4	5 ¹ / ₄	4	5 ¹ / ₄
York -	25,001	8	2,679	40	779	4	1 ³ / ₄	1/6 ³ / ₈	11	10 ³ / ₈	—	3	8 ¹ / ₂	3	8 ¹ / ₂
TOTALS (County- Borough Mental Hospitals) -	£ 1,057,922	11,804	129,768	3,241	2,613										
GRAND TOTALS -	£ 6,803,127	104,740	706,119	29,499	6,245										

Total cost of land purchased, 9,093⁷/₈.
Total cost of Pensions, Gratuities, &c. (included in expenditure on Maintenance Account
and on Building and Repairs Account below), 134,239⁷/₈.
Total expenditure :—
On Maintenance Account - - - - - £ 6,907,867
On Building and Repairs Account - - - - - 735,618
On Land purchased - - - - - 9,093
For Land rented - - - - - 6,245

Total - - - - - £7,658,823

COUNTY-BOROUGH MENTAL HOSPITALS—continued.

MAINTENANCE, MEDICINE, CLOTHING, and CARE of PATIENTS ;
during the Year ended 31st March 1922.

during the Year ended 31st March 1922.										Daily Average Number of Patients resident during Year ended March 31st; 1922.		WEEKLY CHARGE during the Year ended 31st March 1922.				
Surgery and Dispensary.	Malt Liquor, Wine, and Spirits (not included in ordinary Diet).	Charged to Maintenance Account.			Less Moneys received for Articles, Goods, and Produce sold (exclusive of those consumed in the Institution).	Total Average Weekly Cost per Head.	Private (including "Service" and Criminal Patients).		Pauper.	Paupers from Counties or Boroughs (or from Unions within such Counties or Boroughs) to which the Mental Hospital belongs.	Paupers from other Counties or Boroughs (or from Unions within such other Counties or Boroughs).	Private Patients (not including "Service" and Criminal Patients).!				
		Furniture and Bedding.	Garden and Farm.	Miscellaneous.												
d.	d.	d.	s.	d.	s.	d.	d.	s.	d.	s.	d.	s.	d.			
2½	¾	1/8½	1	7¼	1	3¼	1½	26	11½	98	662	28	—	42	—	33/3 to 42/
4½	—	1/4	4	9¾	2	¾	2/2¾	32	2½	67	688	28	—	42	—	42 —
3½	¾	11¼	2	10½	1	10¾	1/5½	28	5¾	71	711	30	6(a)	30	6(a)	32/ to 63/
3¾	¾	5	1	1½	2	4½	¾	22	11¾	56	717	27	10½(a)	40	—	35 —
4¼	—	11½	2	10½	2	8½	7¼	37	¼	42	128	38	6	38	6	42/ to 84/
3¼	¾	7¾	5	8¾	4	11¼	2/1½	44	5	49	489	50	11(a)	50	11(a)	59 6
4½	—	1/3¼	2	3¼	3	4	1	28	¾	131	618	33	10	33	10	33/10 to 105/
3¾	¼	1/10½	1	9¾	3	7¾	10½	28	9½	53	346	36	2	39	8	42/ to 63/
3½	—	9¾	6	1½	3	7½	4/8½	30	6¾	84	200	31	1½(a)	33	3(a)	40/(a)
2¼	¾	2½	6	4¼	4	5¾	6/3¾	36	11½	17	212	31	6	35	7	—
2¾	¾	1/7¾	5	11¼	3	3¾	2/2¾	31	1	50	536	35	—	35	—	35/ to 42/
1¾	—	4¼	2	¾	1	10½	6¼	24	½	57	255	26	7(a)	30/8 & 32/		32/ to 42/
2¾	¾	1/3¾	1	10½	2	6½	9	25	¾	68	784	32	7(a)	28/10 to 42/		31/6 to 73/6
3½	¾	11¾	5	11	3	2¾	6/4¼	26	¼	346	249	35	—	35	—	35/ to 84/
5½	—	1/1¾	5	¾	3	8½	2/5½	29	¾	15	364	35	—	35	—	35/ to 63/
¾	¼	3/8¼	—	8¾	2	4	4	30	4	54	728	35	—	35	—	42 —
1	—	2/3½	3	4¼	2	10½	¾	34	9	29	270	35	—	35	—	35/ to 52/6
2½	—	1/6	1	7½	2	11¼	½	29	¾	32	427	34	9¾(a)	33	8¼(a)	36 4¾(a)
1¾	—	4½	1	9¾	—	8¾	5¼	22	4	85	782	29	3(a)	33	4(a)	32 1(a)
¼	¾	5½	2	9¼	2	¼	6¾	25	¾	80	429	30	5(a)	30	5(a)	30/ to 40/
2¼	—	9	2	4¾	2	4	5¾	25	8	178	691	26	10	30	10	31/6 to 147/
2¾	¼	8½	1	11½	4	¾	2½	27	¼	46	365	34	½(a)	35	—	35/ & 42/
1¾	¾	1/6¼	2	5¾	3	8½	1/3¼	32	¾	61	858	39	1	39	1	39/1 & 42/
1¾	—	9¾	2	11½	2	4¼	6¾	26	11½	32	317	31	6	31/9½ & 33/6		31/6 to 42/

(a) Average.

TABLE III.—STATISTICS OF THE VOLUNTARY BOARDERS (53 VICT. c. 5, ss. 229, 231 (8) and 54 & 55 VICT. c. 65, s. 20) in REGISTERED HOSPITALS and LICENSED HOUSES during the Year 1922.

	Number of Boarders 1 January, 1922.			Number admitted during 1922.		Number who ceased to be Boarders during 1922.			Number who died in the Institution.			Number of Boarders remaining 1 January, 1923.		
	M.	F.	Total.	M.	F.	Number certified as Patients and detained in the Institution.		Number (not certified as Patients) who left.		M.	F.	Total.		
						M.	F.	M.	F.					
REGISTERED HOSPITALS:														
Manchester Royal	-	-	16	9	7	3	-	14	6	2	1	10	6	16
Wonford House	-	-	6	2	4	-	1	1	4	-	1	3	8	11
Barnwood House	-	-	9	3	6	1	5	5	11	-	-	5	9	14
The Lawn	-	-	2	2	-	-	(a) 2	1	2	1	-	2	1	3
Bethel	-	-	10	6	4	1	-	3	4	1	-	8	4	12
Bethel	-	-	11	7	4	4	2	12	8	-	-	8	4	12
St. Andrew's	-	-	2	3	-	-	-	4	2	-	-	1	1	2
The Coppice	-	-	8	3	-	1	(b) 3	3	8	-	-	5	8	13
The Warneford	-	-	7	8	5	-	-	1	5	-	-	1	4	5
Coton Hill	-	-	66	43	39	12	8	24	34	2	2	35	31	66
Bethlem Royal	-	-	14	11	12	2	3	7	7	1	-	7	10	17
Holloway Sanatorium	-	-	4	5	13	2	-	3	11	-	-	-	6	6
Bootham Park	-	-	10	24	26	(a) 2	10	21	14	-	1	5	7	12
The Retreat	-	-												
METROPOLITAN LICENSED HOUSES:														
Camberwell House	-	-	11	25	26	(a) 6	9	19	12	*1	-	4	11	15
Chiswick House	-	-	-	2	-	2	-	-	-	-	-	-	-	-
Brooke House	-	-	3	5	2	-	1	4	1	1	-	2	1	3
Northumberland House	-	-	3	6	8	(a) 1	1	4	5	-	-	1	5	6
Hayes Park	-	-	1	-	3	-	1	-	3	-	-	-	-	-
Moorcroft House	-	-	2	2	1	-	-	2	1	-	-	1	1	2
Wyke House	-	-	1	1	-	-	-	-	-	-	-	1	1	2
Peckham House	-	-	14	13	30	-	11	10	19	1	-	8	8	16
The Priory	-	-	1	-	2	-	1	-	1	1	-	1	2	1
Halliford House	-	-	1	1	2	-	1	1	-	-	-	1	-	1
Newlands House	-	-	1	1	-	1	-	2	-	-	-	1	1	1
The Flower House	-	-	2	2	-	-	-	-	-	-	-	-	-	-
Clarence Lodge	-	-	-	-	1	-	-	-	2	-	-	-	1	1
Hendon Grove	-	-	1	-	2	-	-	-	2	-	-	-	-	-

PROVISIONAL LICENSED HOUSES:														
Springfield House	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Wye House	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Court Hall	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Plympton House	-	-	-	-	-	-	-	-	-	-	-	-	-	3
Middleton Hall	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Littleton Hall	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Northwoods	-	-	-	-	-	-	-	-	-	-	-	-	-	3
The Retreat, Fairford	-	-	-	-	-	-	-	-	-	-	-	-	-	3
Malling Place	-	-	-	-	-	-	-	-	-	-	-	-	-	3
Oaklands	-	-	-	-	-	-	-	-	-	-	-	-	-	3
Haydock Lodge	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Tue Brook Villa	-	-	-	-	-	-	-	-	-	-	-	-	-	18
Shaftesbury House	-	-	-	-	-	-	-	-	-	-	-	-	-	2
Heigham Hall	-	-	-	-	-	-	-	-	-	-	-	-	-	2
The Grove, Catton	-	-	-	-	-	-	-	-	-	-	-	-	-	9
Stretton House	-	-	-	-	-	-	-	-	-	-	-	-	-	4
Grove House	-	-	-	-	-	-	-	-	-	-	-	-	-	4
Boreatton Park	-	-	-	-	-	-	-	-	-	-	-	-	-	2
Brislington House	-	-	-	-	-	-	-	-	-	-	-	-	-	4
Bailbrook House	-	-	-	-	-	-	-	-	-	-	-	-	-	7
The Moat House	-	-	-	-	-	-	-	-	-	-	-	-	-	2
The Silver Birches	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Ticehurst House	-	-	-	-	-	-	-	-	-	-	-	-	-	-
St. George s Retreat	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Periteau House	-	-	-	-	-	-	-	-	-	-	-	-	-	4
Glendossill	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Laverstock House	-	-	-	-	-	-	-	-	-	-	-	-	-	-
The Old Manor	-	-	-	-	-	-	-	-	-	-	-	-	-	2
Fiddington House	-	-	-	-	-	-	-	-	-	-	-	-	-	13
Kingsdown House	-	-	-	-	-	-	-	-	-	-	-	-	-	2
Greta Bank	-	-	-	-	-	-	-	-	-	-	-	-	-	1
The Grange	-	-	-	-	-	-	-	-	-	-	-	-	-	-
The Pleasaunce	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SUMMARY:														
Registered Hospitals	-	-	-	-	-	-	-	-	-	-	-	-	-	90
Metropolitan Licensed Houses	-	-	-	-	-	-	-	-	-	-	-	-	-	148
Provincial Licensed Houses	-	-	-	-	-	-	-	-	-	-	-	-	-	165
Total	-	-	-	-	-	-	-	-	-	-	-	-	-	290
	75	18	31	124	166	290	287	400	(a) 28	(c) 34	99	116	6	5
	-	-	-	-	-	-	-	-	(b) 10	26	42	46	4	-
	-	-	-	-	-	-	-	-	16	(a) 39	61	98	3	6
	-	-	-	-	-	-	-	-	(d) 54	(e) 99	202	260	13	11
	-	-	-	-	-	-	-	-	-	-	-	-	-	142
	-	-	-	-	-	-	-	-	-	-	-	-	-	338

* Suicide.

Certified and sent to other Institutions (a) 1; (b) 2; (c) 4; (d) 3; (e) 5.

APPENDIX F.

LIST of all COUNTY and BOROUGH MENTAL HOSPITALS, REGISTERED HOSPITALS, and LICENSED HOUSES in *England* and *Wales* with the Names of the Medical Superintendents, and Clerks to Committees of Visitors; Licensees, Clerks to Visitors, and Medical Visitors, of Licensed Houses; and List of all Mental Defective Institutions in *England* and *Wales*. (Corrected to June 1923.)

COUNTY AND BOROUGH MENTAL HOSPITALS.

COUNTIES, UNITED COUNTIES, AND BOROUGH.	WHERE SITUATE.	MEDICAL SUPERINTENDENTS.	CLERKS TO COMMITTEES OF VISITORS.
Beds, Herts, and Hunts - - - -	Arlesey, Beds. - - - -	Laurence O. Fuller, L.R.C.P. -	F. N. Butler, St. Neots.
Berks, Reading C.B., Newbury B., and New Windsor B. - - - -	Moulsford, Wallingford - - -	W. W. Read, M.D. - - - -	J. T. Morland, Bath Street, Abingdon.
Brecon, Radnor, and Montgomery -	Talgarth, Breconshire - - -	- - - -	A. J. Astbury, The Mental Hospital.
Bucks - - - -	Stone, Aylesbury - - - -	Hugh Kerr, M.D. - - - -	W. Crouch, County Hall, Aylesbury.
Cambs., Isle of Ely, and Cambridge B. -	Fulbourn, Cambridge - - -	A. F. Reardon, L.M.S.S.A. -	T. M. Francis, 10, Peas Hill, Cambridge.
Carmarthen, Cardigan and Pembroke -	Carmarthen - - - -	John Richards, M.B. - - -	W. J. Wallis-Jones, 34, Quay Street, Carmarthen.
Chester C., Birkenhead C.B., Stockport (part) C.B., and Wallasey C.B. -	Upton, Chester - - - -	G. H. Grills, M.D. - - - -	H. Potts, County Offices, Northgate Street, Chester.
" " " " - - - -	Parkside, Macclesfield - - -	H. D. Cornac, M.B. - - -	G. W. Wain, 43, Church Side, Macclesfield.
Cornwall - - - -	Bodmin - - - -	F. Dudley, L.R.C.P. - - -	M. F. Edyvean, Mount Folly, Bodmin.
Cumberland, Westmorland, and Carlisle C.B. - - - -	Carlisle - - - -	W. F. Farquharson, M.D. - -	C. W. A. Hodgson, The Courts, Carlisle.
Denbigh, Anglesea, Carnarvon, Flint, and Merioneth C. - - - -	Denbigh - - - -	F. G. Jones, M.D. - - - -	W. Barker, The Mental Hospital.
Derby C. - - - -	Mickleover, Derby - - - -	G. N. Bartlett, M.B. - - -	N. J. Hughes Hallett, O.B.E., County Offices, St. Mary's Gate, Derby.
Devon - - - -	Exminster - - - -	R. Eager, O.B.E., M.D. - - -	B. S. Miller, The Castle, Exeter.
Dorset - - - -	Dorchester - - - -	G. E. Peachell, M.D. - - -	H. Till, 56, High West Street, Dorchester.
Durham C. and Darlington C.B. - -	Winterton, Ferry Hill - - -	H. G. Cribb, L.R.C.P. - - -	A. O. Smith, 19, Elvet Bridge, Durham.
Essex and Colchester B. - - - -	Brentwood - - - -	W. Robinson, M.D., D.P.M. -	H. H. Gepp, Chelmsford.
" " " " - - - -	Severalls, Mile End, Colchester -	R. C. Turnbull, M.D. - - -	Ditto ditto.
Glamorgan and Merthyr Tydfil C.B. -	Bridgend - - - -	D. Finlay, M.D. - - - -	W. E. R. Allen, Glamorgan County Hall, Cardiff.
Gloucester C. and Gloucester C.B. -	Gloucester - - - -	J. Marnan, M.B. - - - -	E. B. Key, The Mental Hospital.

Hants, Bournemouth C.B. and Southampton C.B.	Knowle, Fareham	J. L. Jackson, M.B.	Lt.-Col. J. R. Wyatt, O.B.E., The Mental Hospital.
"	Park Prewett, Basingstoke	R. F. B. Bowes, L.R.C.P.	H. Spooner, The Mental Hospital.
Hereford (County and City)	Burghill, Hereford	J. G. Smith, M.D.	F. Goldingay, The Mental Hospital. [Hertford.
Herts	Hill End, St. Albans	A. N. Boycott, M.D.	Sir Chas. E. Longmore, K.C.B., Clerk of the Peace,
Kent and Gravesend B.	Barming Heath, Maidstone	H. Wolseley-Lewis, M.D., F.R.C.S.	H. J. Bracher, 33, Earl Street, Maidstone.
"	Chartham, Canterbury	Lt.-Col. M. A. Collins, O.B.E., M.D.	Henry Fielding, 15, Burgate Street, Canterbury.
Lancaster C., all the County Boroughs and Stockport (part) C.B.	Lancaster Moor	D. M. Cassidy, M.D., D.Sc., F.R.C.S.	Allan Sewart, 49, North Road, Lancaster.
"	Rainhill, Lancs.	E. F. Reeve, M.B.	T. Garner, 49, Corporation Street, St. Helens.
"	Prestwich, Manchester	F. Perceval, L.R.C.P.	John Crofton, 36, Brazennose Street, Manchester.
"	Whittingham, Preston	R. M. Clark, M.B.	L. Cotman, 8, Lune Street, Preston.
"	Winwick, Warrington	A. Simpson, C.B.E., D.L., M.D.	W. B. Forshaw, Suez Street, Warrington.
Leicester C. and Rutland	Narborough, Leicester	R. C. Stewart, L.R.C.P.	W. J. Freer, 10, New Street, Leicester.
Lincoln (Lindsey, Holland, Grimsby C.B. and Lincoln C.B.).	Bracebridge, Lincoln	J. MacArthur, L.R.C.P., D.P.M.	H. E. Page, Bank Street, Lincoln.
" (Kesteven)	Sleaford	I. R. Macphail, L.R.C.P.	A. D. Piper, 19, Jermyn Street, Sleaford.
London C.	Banstead Downs, Sutton	Percy C. Spark, L.R.C.P.	H. F. Keene, O.B.E., Mental Hospitals Dept., The County Hall, Westminster Bridge, S.E.1.
"	Bexley, Kent	Geoffrey Clarke, M.D.	Ditto ditto.
"	Cane Hill, Coulsdon, Surrey	Lt.-Col. S. C. Elgee, O.B.E., L.R.C.P.	Ditto ditto.
"	Claybury, Woodford Bridge, Woodford Green, Essex.	Guy F. Barham, M.D.	Ditto ditto.
"	Colney Hatch, N.11	S. J. Gillfillan, M.B.	Ditto ditto.
"	Hanwell, Southall, Middlesex	A. W. Daniel, M.D.	Ditto ditto.
"	Horton, Epsom	Lt.-Col. J. R. Lord, C.B.E., M.B.	Ditto ditto.
"	Ewell Colony	(Loaned to Ministry of Pensions)	Ditto ditto.
"	Long Grove, Epsom	D. Ogilvy, M.D.	Ditto ditto.
"	Maudsley Hospital,* Denmark Hill, S.E.5.	E. Mapother, M.D., F.R.C.S.	Ditto ditto.
Middlesex	Wandsworth, S.W.17	Reginald Worth, O.B.E., M.B.	H. S. Freeman, Clarence Street, Staines.
"	Napsbury, St. Albans	L. W. Rolleston, C.B.E., M.B.	E. S. W. Hart, Guildhall, Westminster, S.W.1.
Monmouth	Abergavenny	N. R. Phillips, M.D.	R. W. Powell, The Mental Hospital.
Norfolk	Thorpe, Norwich	O. G. Connell, M.C., L.R.C.P.	W. E. Hansell, The Close, Norwich.
Northampton C.	Berrywood, Northampton	F. J. Stuart, O.B.E., L.R.C.P.	C. A. Markham, 1, Guildhall Rd., Northampton.
Northumberland and Tynemouth C.B.	Cottingham, Morpeth	G. R. East, M.D.	Henry D. Irwin, 3, Royal Arcade, Newcastle-upon-Tyne.
Notts C.	Radcliffe-on-Trent, Nottingham	S. Lloyd Jones, L.R.C.P.	J. F. Gell, The Mental Hospital.

* Uncertified cases only.

COUNTY AND BOROUGH MENTAL HOSPITALS—continued.

COUNTIES, UNITED COUNTIES, AND BOROUGH.	WHERE SITUATE.	MEDICAL SUPERINTENDENTS.	CLERKS TO COMMITTEES OF VISITORS.
Oxford C. and Oxford City -	Littlemore, Oxford -	T. Saxty Good, O.B.E., L.R.C.P. -	J. Rose, 10, New Road, Oxford.
Salop, Shrewsbury B., and Wenlock B. -	Bicton, Shrewsbury -	W. S. Hughes, M.B. -	W. Baxter, County Buildings, Shrewsbury.
Somerset and Bath C.B. -	Wells -	J. E. P. Shera, M.D. -	John Coates, The Mental Hospital.
" -	Cotford, Norton Fitzwarren, Taunton. -	H. T. S. Aveline, M.D. -	A. W. Caley, The Mental Hospital.
Stafford C., Burton-upon-Trent C.B., Smethwick C.B., Stoke-on-Trent (part) C.B., and Newcastle-under-Lyme B. -	Stafford -	B. H. Shaw, M.D. -	Eustace Joy, M.A., County Buildings, Stafford.
" -	Burntwood, Lichfield -	J. B. Spence, O.B.E., M.D. -	Ditto ditto.
" -	Cheddleton, Leek -	W. F. Menzies, M.D., F.R.C.P. -	Ditto ditto.
" -	Melton, Woodbridge -	J. R. Whitwell, M.B. -	C. Oakes, County Hall, Ipswich.
Suffolk (East and West) -	Brookwood, Woking -	James A. Lowry, M.D. -	W. Hall, County Hall, Kingston-on-Thames.
Surrey and Guildford B. -	Netherne, Coulsdon, Surrey -	P. C. Coombes, L.R.C.P. -	Ditto ditto.
Surrey -	Hellingly, Eastbourne -	F. R. P. Taylor, M.D. -	Reginald Blaker, 211, High Street, Lewes.
Sussex (East) -	Chichester -	Harold A. Kidd, C.B.E., L.R.C.P. -	E. H. Blaker, 9, West Pallant, Chichester.
Sussex (West) -	Hatton, Warwick -	Alfred Miller, M.B. -	H. W. Blenkinsop, 1, New Street, Warwick.
" Warwick C., Coventry C.E., and Warrick B. -	Whitcroft, Newport, I. of W. -	W. J. A. Erskine, M.D. -	J. H. Green, The Mental Hospital, Newport. I.W.
Wight, Isle of -	Devizes -	S. J. Cole, M.D. -	G. W. Jackson, Devizes.
Wilts -	Powick, Worcester -	H. F. Fenton, M.B. -	G. F. S. Brown, 40, Foregate Street, Worcester.
Worcester C., Dudley C.B., and Worcester C.B. -	Barnsley Hall, near Bromsgrove -	P. T. Hughes, M.B., D.P.H. -	C. H. Bird, Shirehall, Worcester.
Worcester C. -	Clifton, York -	A. J. Eades, L.R.C.P. -	Alfred Procter, 5, New Street, York.
York, N. Riding -	Menston, Leeds -	S. Edgerley, M.D. -	H. Topham, Asylums' Board Office, Wakefield.
W. Riding, and (except for Scalebor Park) Barnsley, Bradford, Dewsbury, Halifax, Huddersfield, Leeds, Rotherham, Sheffield C.B., and (for Wadsley and Storther Hall) Doncaster B. -	Wakefield -	W. J. N. Vincent, C.B.E., M.B. -	Ditto ditto.
" E. Riding -	Storther Hall, Kirkburton, Huddersfield. -	J. S. Bolton, M.D., D.Sc., F.R.C.P. -	Ditto ditto.
" -	*Scalebor Park, Burley-in-Warfedale. -	T. Stewart Adair, M.D. -	Ditto ditto.
" -	Beverley -	J. R. Gilmour, M.B., F.R.C.P. -	Ditto ditto.
" -	" -	E. S. Simpson, M.C., M.D. -	C. W. Hobson, 26 and 28, Laingate, Beverley.

BOROUGH.			
Birmingham	-	-	-
"	-	-	-
Brighton	-	-	-
Bristol	-	-	-
Canterbury	-	-	-
Cardiff	-	-	-
Croydon	-	-	-
Derby	-	-	-
Exeter	-	-	-
Gateshead	-	-	-
Hull	-	-	-
Ipswich	-	-	-
Leicester	-	-	-
London (City of)	-	-	-
Middlesbrough	-	-	-
Newcastle-upon-Tyne	-	-	-
Newport	-	-	-
Norwich	-	-	-
Nottingham	-	-	-
Plymouth	-	-	-
Portsmouth	-	-	-
Sunderland	-	-	-
West Ham	-	-	-
York	-	-	-

Winson Green, Birmingham	-	C. B. Roscrow, L.R.C.P.	-	W. Hutton, Council House, Birmingham.
Rubery Hill, near Birmingham	-	T. C. Graves, M.D., F.R.C.S.	-	Ditto
Haywards Heath, Sussex	-	Charles Planck, L.R.C.P.	-	Hugo Talbot, Town Hall, Brighton.
Fishponds, Bristol	-	J. V. Blachford, C.B.E., M.D.	-	Edmund J. Taylor, The Council House, Bristol.
St. Martin's Hill, Canterbury	-	E. F. Sall, L.R.C.P.	-	H. Fielding, Town Hall, Canterbury.
Whitchurch, Glamorgan	-	Lt.-Col. E. Goodall, C.B.E., M.D., F.R.C.P.	-	C. G. Brown, Town Clerk's Office, Cardiff.
Warlingham, Whyteleafe, S.O., Surrey.	-	E. S. Pasmore, M.D., M.R.C.P.	-	J. M. Newnham, Town Hall, Croydon.
Rowditch, Derby	-	John Bain, M.B.	-	G. T. Lee, Town Hall, Derby.
Digbys, Topsham	-	D. McK. Reid, M.D., F.R.F.P.S.	-	H. Lloyd Parry, Town Clerk's Office, Exeter.
Stannington, Newcastle-upon-Tyne.	-	Lt.-Col. J. V. G. Tighe, M.B.	-	W. Swinburne, Town Hall, Gateshead.
De la Pole, Willerby, Hull	-	John Merson, M.D.	-	H. A. Learoyd, Guildhall, Hull.
Ipswich	-	W. M. Ogilvie, M.B.	-	W. Bantoft, Town Hall, Ipswich.
Humberstone, Leicester	-	Lt.-Col. J. F. Dixon, M.D.	-	H. A. Pritchard, Town Hall, Leicester.
Stone, Dartford	-	R. H. Steen, M.D., F.R.C.P.	-	C. Fitch, 5, Church Passage, Guildhall, E.C. 2.
Cleveland, Middlesbrough	-	J. W. Geddes, M.B.	-	Preston Kitchen, Town Clerk's Office, Middlesbrough.
Gosforth, Newcastle-on-Tyne	-	H. D. MacPhail, O.B.E., M.D.	-	A. M. Oliver, Town Clerk's Office, Newcastle-on-Tyne.
Caerleon, Mon.	-	W. F. Nelis, M.D.	-	A. A. Newman, Town Clerk's Office, Newport, Monmouth.
Hellesdon, Norwich	-	David Rice, M.D. D.P.H.	-	A. H. Miller, Guildhall, Norwich.
Mapperley Hill, Nottingham	-	G. Ll. Brunton, M.D.	-	W. J. Board, Guildhall, Nottingham.
Blackadon, Ivybridge	-	W. Starkey, M.B.	-	R. J. Fittall, Town Clerk's Office, Plymouth.
Milton, Portsmouth	-	H. Devine, O.B.E., M.D., F.R.C.P.	-	F. J. Sparks, Town Hall, Portsmouth.
Ryhope, Sunderland	-	M. A. Archdale, M.B.	-	H. Craven, Town Hall, Sunderland.
Goodmayes, Ilford, Essex	-	J. C. Shaw, L.R.C.P.	-	G. E. Hilleary, Town Hall, West Ham, E. 15.
Fullford, York	-	C. L. Hopkins, M.B.	-	P. J. Spalding, Guildhall, York.

* For private patients only.

H O S P I T A L S.

COUNTY.	HOSPITALS.	MEDICAL SUPERINTENDENTS.
Chester - -	Manchester Royal Lunatic Hospital, Cheadle.	J. A. C. Roy, M.B., CH.B.
Devon - -	Wonford House, Exeter - -	W. B. Morton, M.D.
Gloucester - -	Barnwood House, Gloucester -	A. A. D. Townsend, M.D.
Lincoln - -	Lincoln Lunatic Hospital, The Lawn, Lincoln.	A. P. Russell, M.B.
Norfolk - -	Bethel Hospital, Norwich -	S. J. Fielding, M.B.
Northampton - -	St. Andrew's Hospital, Northampton.	D. F. Rambant, M.D.
Notts - -	Nottingham Lunatic Hospital, The Coppice, Nottingham.	D. Hunter, M.B.
Oxford - -	Warneford Asylum, Headington Hill, Oxford.	A. W. Neill, M.D.
Stafford - -	Coton Hill Lunatic Hospital, Stafford.	R. W. Hewson, L.R.C.P.
Surrey - -	Bethlem Royal Hospital, Lambeth Road, S.E.1.	J. G. Porter Phillips, M.D., F.R.C.P.
" - -	Holloway Sanatorium, St Ann's Heath, Virginia Water.	W. D. Moore, M.D.
York City - (N.R.)	Bootham Park, York - -	G. R. Jeffrey, M.D., F.R.C.P.
" " (E.R.)	The Retreat, York - -	H. Yellowlees, O.B.E., M.D., F.R.F.P.S.
MILITARY AND NAVAL HOSPITALS :		
Hants - -	Royal Military Hospital, Netley, Southampton.	Maj. W. L. Webster, M.B.
Norfolk - -	Royal Naval Hospital, Yarmouth	Surgeon Commander J. A. Thompson, R.N.
CRIMINAL ASYLUM :		
Berks - -	State Criminal Asylum, Broadmoor, Crowthorne.	W. C. Sullivan, M.D.

METROPOLITAN LICENSED HOUSES.

q. Limited to quiet and harmless cases.

H O U S E S.		Number of Patients for which Licensed.		TO WHOM LICENSED.	
		M.	F.		Total
(a) For both Sexes :					
Camberwell, S.E. 5.	-	140	300	420	Lord Henry Fitzgerald, Captain J. A. E. Drury-Lowe, and F. H. Edwards, M.B. C. M. Tuke, L.R.C.P., Mrs. M. E. Tuke, G. W. Smith, M.B., and Mrs. S. R. M. Smith, M.B. H. Monro, J. O. Adams, M.D., and G. H. Johnston, L.R.C.P. A. H. Stocker, H. G. Stocker, and B. Hart, M.D. M.R.C.P.
Chiswick, W. 4.	-	18	17	35	
Clapton, Upper, E. 5.	-	31	51	80	
Finsbury Park, N. 4.	-	37	63	95	
Hayes, Uxbridge	-	2	19	19	
Hillingdon, Uxbridge	-	48	10	48	H. F. Stilwell, L.R.C.P., and Mrs. M. E. Stilwell. R. J. Stilwell, L.R.C.P., J. F. Stilwell, and G. W. B. James, M.D. H. M. Bullock, L.R.C.P., and F. Murchison, M.B. A. H. Stocker, H. G. Stocker, and F. R. King, L.R.C.P. S. G. Turner, Lieut. Col. D. E. Wood, and J. Chambers, M.D. Capt. H. O. S. Ellis, Lt. Col. H. Dickenson, W. J. H. Haslett, L.R.C.P., and Miss M. B. E. Hardwick. J. N. Sergeant, M.B., Mrs. M. D. K. Margetts, Mrs. H. S. Sergeant, and Miss M. F. Reeve.
Sion Hill, Brentford	-	25	20	45	
Peckham, S.E. 15.	-	115	265	360	
Roehampton, S.W. 15.	-	47	47	90	
Shepperton	-	13	17	30	
Tooting Common, S.W. 17.	-	21	q. 12	28	
(b) Males only :					
South End, Catford, S.E. 6.	-	32	-	32	Major P. F. W. à Beckett, A. E. Price, M.D., Mrs. Ethel F. Bullmore and F. J. Dunston.

METROPOLITAN LICENSED HOUSES—continued.

q. Limited to quiet and harmless cases.

H O U S E S.		Number of Patients for which Licensed.			TO WHOM LICENSED.
		M.	F.	Total.	
(c) Females only :					
Clapham Park, S.W. 4.	-	-	12	q. 12	Mrs. F. E. M. Thwaites and Miss L. M. Thwaites. R. J. Stilwell, L.R.C.P., Miss C. H. Thomson and G. W. B. James, M.D.
Hayes, Uxbridge	-	-	19	19	
"	-	-	14	14	H. F. Stilwell, L.R.C.P. and R. J. Stilwell, L.R.C.P.
Hendon, N.W.	-	-	14	14	H. L. de Caux, L.S.A., and Miss S. Bridger.
Kensington, West, W.14.	-	-	35	35	Mrs. C. M. A. Sutherland, Miss E. B. Brodie, and Mrs. M. A. H. Little.
Southall	-	-	10	10	W. H. Bailey, M.D., and Mrs. K. M. Bailey.
Streatham Hill, S.W. 2.	-	-	30	30	J. H. Earls, M.D., E. W. White, C.B.E., M.B., and Mrs. H. White.

PROVINCIAL LICENSED HOUSES.

COUNTY.	HOUSES.	TO WHOM LICENSED.	Number of Patients for which Licensed.			CLERK TO VISITORS.	MEDICAL VISITORS.
			M.	F.	T.		
Beds [Bedford Borough] -	Bishopstone House, Bedford	Mrs. Beatrice Peele, Miss B. C. Peele, Mrs. D. M. Sutton, Miss E. Law-son. Miss D. Palmer, and Miss A. George.	-	10	10	Mark Whyley, Bedford -	Rowland Hill Coombs, M.D.
Beds -	Springfield House, Bedford	David Bower, M.D., Mrs. M. L. Bower, C. W. Bower, L.M.S.S.A., Miss Mary Bellars, and Miss C. M. Collbran.	Not more than 24	34	48	W. W. Marks, ditto -	E. C. Sharpin, L.R.C.P.
Derby -	Wye House, Buxton -	W. W. Horton, M.D., and Mrs. I. C. Dickson.	22	22	44	J. B. Boycott, Chapel-en-le-Frith.	H. Shipton, F.R.C.S.
Devon -	Court Hall, Kenton, Exeter	Miss B. M. Mules, M.D., and Miss A. S. Mules. L.R.C.P.	-	8	8	F. A. Pearce, Exeter -	L. P. Black, M.B.
" -	Plympton House, Plympton	Alfred Turner, M.D., and Mrs. F. M. Turner, and J. C. Nixon, M.B.	18	26	44	R. B. Johns, Plymouth -	R. H. Clay, M.D.
Durham -	Middleton Hall, Middleton St. George.	R. H. O. Garbutt, L.R.C.P., and L. Harris-Liston, M.D.	25	40	65	G. H. Watson, Darlington	D. Drummond, M.D.
Essex -	Littleton Hall, Shenfield, Brentwood.	H. E. Haynes, L.R.C.P., Miss M. G. E. Wilson, H. G. L. Haynes. L.R.C.P., and Mrs. M. Haynes.	-	25	25	H. F. Bawtree, Witham	R. W. Quennell, L.R.C.P.
Gloucester -	Northwoods, Winterbourne, Bristol.	J. D. Thomas, M.B., J. R. P. Phillips, L.R.C.P., Mrs. R. M. P. Thomas, and Miss G. M. S. Thomas.	25	25	50	C. A. H. Montague, 65, Stoke Croft, Bristol.	{ J. R. Charles, M.D., and C. F. Coombs, M.D.
" -	The Retreat, Fairfield	A. Dewar, M.D., and Mrs. E. S. King-Turner.	Not more than 25	35	50	Robert W. Ellett, Cirencester.	W. R. Cossham, M.D.

PROVINCIAL LICENSED HOUSES—*continued.*

q. Limited to quiet and harmless cases.

COUNTY.	HOUSES.	TO WHOM LICENSED.	Number of Patients for which Licensed.			CLERK TO VISITORS.	MEDICAL VISITORS.
			M.	F.	T.		
Kent	Malling Place, West Malling, Kent.	G. H. Adam, L.R.C.P., and H. Gray, L.R.C.P.	18	21	39	C. E. Warner, Tonbridge	T. Joyce, M.D.
Lancaster	Oaklands, Walmersley, Bury.	P. G. Mould, L.R.C.P., and Miss G. Jones.	-	14	14	John Crofton, Manchester	A. Boutflower, L.R.C.P.
"	Haydock Lodge, Ashton, Newton-le-Willows.	C. T. Street, L.R.C.P., Mrs. Mabel R. Street, J. C. Wootton, L.R.C.P., Mrs. M. Wootton, and Mrs. E. Mould.	Not more than 80	90	150	H. Hatton, Warrington -	H. Langdale, M.D.
" [Liverpool City].	Tue Brook Villa, Liverpool	F. E. Ingall, F.R.C.S., J. J. Tisdall, L.R.C.P., C. J. Tisdall, and J. M. Moyes, M.B.	26	26	52	C. T. Barton, Clerk to Justices, Liverpool.	Sir J. Barr, M.D.
Lancaster	Shaftesbury House, Formby, Liverpool.	Stanley A. Gill, M.D., Mrs. F. W. Gill, Miss V. F. D. Gill, and Mrs. E. M. Gill.	Not more than 10	40	40	G. W. Swift, 5, Clayton Square, Liverpool.	T. R. Glynn, M.D.
Norfolk [Norwich City].	Heigham Hall, Norwich	J. G. Gordon-Munn, M.D., G. S. Pope, L.R.C.P., and Mrs. L. Pope.	40	55	95	W. R. Cooper, Norwich	O. G. Connell, M.C., L.R.C.P.
"	The Grove, Old Catton, Norwich	Miss F. R. McLintock, and Miss H. M. McLintock.	-	21	21		
Shropshire	Stretton House, Church Stretton.	Lieut.-Col. A. A. Watson, C.M.G., D.S.O., G. K. Aubrey, L.R.C.P., R.P.H., Mrs. J. Watson and Miss M. A. Williams.	40	-	40	W. Eaxter, Shirehall, Shrewsbury.	H. W. Gardner, M.D.

Shropshire	-	Grove House, All Stretton	J. McClintock, L.R.C.P., Mrs. F. E. G. McIntock, Miss A. Thomson and Miss G. M. T. Daniel.	-	40	40	W. Baxter, Shirehall, Shrewsbury.	H. W. Gardner, M.D.
"	-	St. Mary's House, Whit-church.	C. H. Gwynn, M.D., and Mrs. C. M. Gwynn.	-	6	6	Ditto	Ditto.
"	-	Boreatton Park, Baschurch, near Shrewsbury.	E. H. O. Sankey, M.B., and Mrs. C. Sankey.	12	18	30	Ditto	Ditto.
Somerset	-	Brislington House, Bristol	Mrs. A. Fox, J. M. Rutherford, M.B., H. F. Fox, and R. A. Fox.	44	62	106	C. F. Whittuck, Bath -	{ R. S. Smith, M.D., R. E. Moorhead, L.R.C.P., J. R. Charles, M.D., E. W. Moore, M.B., G.S. Pope, L.R.C.P., and H. T. S. Aveline, M.D.
"	-	Bailbrook House, Bath-easton.	N. Lavers, M.D., E. M. Wright, and Mrs. B. G. Le M. Lavers.	Not more than 6	40	44		
Stafford	-	Ashwood House, Kingswin-ford, Dudley.	H. G. Peacock, L.R.C.P., and J. F. G. Pietersen, L.R.C.P.	11	20	31	Eustace Joy, County Buildings, Stafford.	C. Reid, M.B.
"	-	Moat House, Tamworth	Mrs. S. A. Michaux	-	16	16	Ditto	Ditto.
Surrey	-	The Silver Birches, Church-street, Epsom.	Miss M. O. Daniel and E. G. C. Daniel, M.B.	-	14	14	T. W. Weeding, County Hall, Kingston-on-T.	F. C. Gayton, M.D.
Sussex, East	-	Ticehurst House	C. F. McDowall, M.D., Major C. M. Hayes Newington, and C. Newington.	45	47	92	H. J. T. McIlveen, County Hall, Lewes.	F. Fawcett, M.B.
"	-	St. George's Retreat, Burgess Hill.	Miss Ward, Miss McEvoy, Miss Stoker, Miss Doran, and Miss Slattery.	-	75	75	Ditto	Ditto.
"	-	Periteau House, Winchelsea, Rye, S.O.	H. Baird, M.D., and Mrs. I. M. Baird	-	5	5	Ditto	Ditto.
" [Hastings Borough]	-	Ashbrook Hall, Hollington	Charles E. H. Somerset and Mrs. E. M. Somerset.	-	q. 6	6	F. G. Langham, 44A, Robertson-street, Hastings.	E. R. Mansell, L.R.C.P.
Warwick	-	Glendossill, Henley-in-Arden,	W. Agar, L.R.C.P., and John J. Agar.	12	28	40	S. R. Field, Leamington	T. W. Thursfield, M.D.
Wilts [New Sarum City].	-	The Old Manor, Salisbury	Sir Cecil H. E. Chubb, LL.B., and S. E. Martin, M.B.	-	-	600*	A. C. Jonas, Salisbury	{ H. P. Blackmore, M.D., and E. T. Fison, M.D.

* Not more than 500 to be of the Private Class.

PROVINCIAL LICENSED HOUSES—continued.

COUNTY.	HOUSES.	TO WHOM LICENSED.	Number of Patients for which Licensed.			CLERK TO VISITORS.	MEDICAL VISITORS.
			M.	F.	T.		
Wilts -	Laverstock House, Salisbury	J. R. Benson, F.R.C.S., and Lt.-Col. C. B. Benson, D.S.O.	Not more than 45	45	70	W. L. Bown, Trowbridge	C. R. Straton, F.R.C.S.
" -	Fiddington House, Market Lavington, Devizes.	J. R. Benson, F.R.C.S., Mrs. May Benson, Lt.-Col. C. B. Benson, D.S.O., and the Rev. E. Benson.	13 to 17	13 to 17	30	Ditto ditto	G. S. A. Waylen, L.R.C.P.
" -	Kingsdown House, Box	H. C. MacBryan, L.R.C.P., Mrs. A. K. MacBryan, John C. W. MacBryan, and Lt. R. R. MacBryan.	Not more than 13	43	43	Ditto ditto	W. T. Briscoe, M.D.
York, W.R. -	Greta Bank, Burton-in-Lonsdale, Kirkby Lonsdale.	Miss Sarah J. Perkin, J. C. Wootton, Mrs. Edith Mould, and C. T. Street, L.R.C.P.	10 or 10	10	10	W. H. Coles, Wakefield	(L. T. Wells, L.R.C.P., and) J. F. Dow, M.D.
" " [Rotherham Borough]	The Grange, Kimbworth, Rotherham.	G. E. Mould, L.R.C.P. - - -	-	20	20	C. L. des Forges, Rotherham.	A. Robinson, M.D.
York, City -	The Pleasaunce, Heworth, York.	L. D. H. Baugh, M.B., and Mrs. J. S. Baugh, M.B.	-	22	22	H. V. Scott, York -	D. S. Long, M.D.

LIST of STATE and CERTIFIED INSTITUTIONS, CERTIFIED HOUSES, and APPROVED HOMES under the MENTAL DEFICIENCY ACT, 1913, with the Names of Managers or Owners, Clerks to Visitors, and the Number and Class of Patients.

(Corrected to June, 1923.)

STATE INSTITUTIONS.

COUNTY or COUNTY BOROUGH within which the Institution is situate. C.B.=County Borough.	Name and Address of Institution.	Names of Managers or Owners.	Name of Superintendent.	Number and Class of Patients.
Nottingham	Rampton, Retford	The Board of Control, 66, Victoria Street, London, S.W.1.	W. R. Thomas, M.D.	220 male and 148 female defectives of dangerous or violent propensities.
Warwick	The Cape, Warwick	Do. do. do.	Mrs. G. E. Newsome	40 female defectives of dangerous or violent propensities.

CERTIFIED INSTITUTIONS.

COUNTY or COUNTY BOROUGH within which the Institution is situate. C.B.=County Borough.	Name and Address of Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Patients.
Berkshire	Cumnor Rise, Cumnor	The Oxford Branch of the National Association for Promoting the Welfare of the Feeble-minded. Hon. Sec. of Branch:—Hon. P. Bruce. Radcliffe House, St. Giles, Oxford.	J. T. Morland, Shire Hall, Reading.	33 feeble-minded females, not more than 5 of whom are to be private patients. The age of admission is from 14 years. Epileptics and fallen women not taken. Poor Law cases received.

CERTIFIED INSTITUTIONS—continued.

COUNTY or COUNTY BOROUGH within which the Institution is situate. C.B.=County Borough.	Name and Address of Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Patients.
Cambridge - - -	Littleton House School, Girton, Cambridge.*	Committee of Management - - -	A. Tabrum, Clerk of the Peace, Cambridge.	9 male defectives. Imbeciles and feeble-minded. 5 cases to be over 16 years of age; 4 cases under 16 years of age to be of a degree of mental defect such as would permit of their being housed and instructed with the children for whom the School is primarily intended. <i>Certified by Board of Education for 46 boys.</i>
Cheshire - - -	Ashton House (Seaside Laundry Home), Parkgate, Chester. Sandlebridge, Alderley Edge.*	Liverpool Ladies' Association for the Care and Training of Girls. Incorporated Lancs and Cheshire Society for the Permanent Care of the Feeble-minded. Hon. Sec.:—J. S. Walker, 54, Kenwood Road, Stretford, Manchester. Westminster Diocesan Education Fund - Sec.:—T. W. Hunter, Archbishop's House, Victoria Street, London, S.W.1.	R. Potts, Northgate Street, Chester. Do. do.	40 high-grade feeble-minded girls. Admission over 14 years of age. 296 higher-grade defectives of either sex. <i>Certified by Board of Education for 115 boys and 85 girls.</i>
Cumberland - - - (Carlisle C.B.)	Durran Hill House, Carlisle.	The Incorporation of National Institutions for Persons requiring Care and Control. Warden:—Rev. H. N. Burden, 14, Howick Place, Victoria Street, London, S.W.1. Committee of Management - - -	A. H. Collingwood, 15, Fisher Street, Carlisle. J. B. Boycott, Chapel - en - le - Frith.	65 feeble-minded Roman Catholic females, aged 16 years and over. Criminals and fallen women not accepted. Poor Law cases received. 400 female patients.
Derby - - -	Whittington Hall (Midland Counties Institution), Chesterfield.†			
Devon - - - (Exeter C.B.)	The Devon and Exeter Home of the Good Shepherd, Holloway Street, Exeter; <i>with ancillary premises</i> , The Chantry, Exeter.		J. I. Pengelly, The Court House, Exeter.	66 female feeble-minded patients. 60 at Devon and Exeter Home and 6 at The Chantry.

Dorset	Stoke Lyne, Withycombe, Exmouth.	County Council of Devon -	F. A. Pearce, Exeter	49 male defectives: 16 years of age and under, and 1 male and 3 female adults. All classes within the meaning of the Act.
	Western Counties Institution, Starcross, near Exeter;* <i>with ancillary premises</i> , Elm Court, Starcross.	Committee of Management -	Do. do.	323 males and 120 females. <i>Certified by Board of Education for 80 boys or girls.</i>
	Mount Tabor, Lower Parkstone.	The Sisters of the Transfiguration -	W. G. Granger, Clerk to the Justices, Poole.	38 females, feeble-minded and moral imbeciles.
Durham	Monkton Hall Home for Lads, Monkton, Jarrow-on-Tyne.	The Committee of the North-Eastern Association for the Care of the Feeble-minded. Hon. Sec.:—Dr. Ethel Williams, 3, Osborne Terrace, Newcastle-upon-Tyne.	G. H. Watson, Darlington.	16 female feeble-minded mental defectives over school age.
	St. Catherine's Home, Allergate, Durham.	Committee of Management -	Do. do.	51 male feeble-minded cases. Age on admission, 16 to 20 years.
Essex	Bigod's Hall, near Dunmow, Essex.*†	Do. do.	H. F. Bawtree, Witham.	6 female defectives. Feeble-minded and moral imbeciles to be under the age of 18 years at time of admission.
	Brunswick House, Mistley.	The L.C.C.: Mental Hospitals Committee - Clerk:—H. F. Keene, O.B.E., Mental Hospitals Dept., The County Hall, Westminster Bridge, S.E.1.	Do. do.	6 male patients. Imbeciles and feeble-minded up to the age of 16 years. <i>Certified by Board of Education and by Home Office for 61 boys.</i>
	The Co-operative Sanatorium (New Lodge, Leon House, The Homestead and St. Keverne), Billericay.	The Co-operative Sanatoria, Ltd. Sec.:—E. L. Coppin, New Lodge, Billericay, S.O.	Do. do.	50 male patients, not less than 16 years of age. Reserved for London cases only.
				56 male patients, excepting those who are dangerous to themselves or others, runaways, or who require physical restraint and are unsuitable for care on the "open-door" system.

* Certified as a Special School by Board of Education.

† Certified as a Special Industrial School by Home Secretary.

CERTIFIED INSTITUTIONS—continued.

COUNTY or COUNTY BOROUGH within which the Institution is situate. O.B.=County Borough.	Name and Address of Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Patients.
Essex—cont.	Etløe House, Church Road, Leyton, E.10. Royal Eastern Counties Institution, Colchester,*<i>with ancillary premises</i>, Lexden House, Colchester, East Hill House School, Colchester, Hillsleigh, 10, East Hill, Colchester, Greenwood Schools, Halstead, and Crossley House, Clacton. Walsham How Home, 1, Forest Rise, Walthamstow. Girls' Village Homes, Barkingside. Drymma Hall, Skewen, near Neath.	Denis McCarthy, Thos. William Hunter, and Walter McDonnell Kelly. Board of Directors - - - - - The Church Army. Secretary:—Miss Violet Hall, 57, Bryanston Street, Marble Arch, W.1. Dr. Barnardo's Homes - - - - - Glamorgan M.D. Committee - - - - - Board of Management - - - - - Hon. Sec.:—Rev. H. N. Burden, 14, Howick Place, Westminster, S.W.1. The Committee - - - - -	H. F. Bawtree, Witham. C. W. Denton, "Marylands," Shrub End Road, Colchester. H. F. Bawtree, Witham. Ditto - - - - - W. E. R. Allen, County Hall, Cardiff. C. A. H. Montague, 65, Stoke Croft, Bristol. E. T. Gardom, O.B.E., Shire Hall, Gloucester.	122 feeble-minded females, from 16 years of age and of the Roman Catholic religion. Poor Law cases received. 577 male and female patients. <i>Certified by Board of Education for 75 boys or girls, and by Home Office for 17 girls.</i> Lexden House—65 adult female defectives. East Hill House—60 male defectives, of whom 4 may be cases over 16 years of age. Hillsleigh—40 boys of school age. Greenwood—90 female defectives. Crossley House—65 defectives. 42 female patients, feeble-minded and moral imbeciles. 150 females, imbecile and feeble minded from 5 years of age. 70 female defectives. All classes within the meaning of the Act. 230 defectives. All classes within the meaning of the Act, being males over the age of 18 years. 29 female feeble-minded cases. Age on admission 14 to 25 years, and of the Church of England. Cases over the age of 25 to be received only with the previous consent of the Board.
Glamorgan -				
Gloucester -	Brentry Certified Institution, Westbury-on-Trym, Bristol. St. Mary's Home, Painswick, near Stroud.			

	Stoke Park, Bristol, with ancillary premises : Royal Victoria Home, Horfield, Bristol, Clevedon Hall, Clevedon, Somerset, Beech House and Heath House, and Hanham Hall, Hanham, and Leigh Court, Abbot's Leigh, near Bristol.†	The Incorporation of National Institutions for Persons requiring Care and Control. Warden :—Rev. H. N. Burden, 14, Howick Place, Victoria Street, London, S.W. 1.	C. A. H. Montague, 65, Stoke Croft, Bristol.	Stoke Park - Royal Victoria Home - Clevedon Hall - Beech House - Heath House - Hanham Hall - Leigh Court - Total not to exceed - Males - Females - Class :—Defectives of all classes within the meaning of the Act. Certified by Home Office for 1,578 cases.	Patients. Males and Females. - 750 - 42 - 108 Males. - 90 - 88 - 240 Females. - 260 - 1,578 - 768 - 960
(Bristol C.B.) -	Chasefield Laundry Home, 874, Fishponds Road, Fishponds, Bristol.	The Sub-Committee of the Bristol Preventive Mission (for the management of Chasefield). Hon. Secs.:—Miss Alice Mary Lavington and Miss Clara E. Sheppard, Stoberry Lodge, 18, Ashgrove Road, Redland, Bristol.	Samuel Young, 5, Knowle Road, Bristol.	40 female feeble-minded defectives. Poor Law cases received.	
Hampshire -	St. Mary's Home, Alton, Hants, with ancillary premises :	Sisters of the Community of St. Mary the Virgin, of Wantage, Berks.	H. Barber The Castle, Winchester.	64 defectives of the female sex and over the age of 16 years, who might have had illegitimate children. Poor Law cases received. Not more than 45 at St. Mary's Home, Alton.	

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CERTIFIED INSTITUTIONS—continued.

COUNTY or COUNTY BOROUGH within which the Institution is situated. O. B. = County Borough.	Name and Address of Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Patients.
Hampshire—cont.	The Home of the Holy Rood, Worthing, and St. Bridget's House, Spelthorne St. Mary, Bedford, Feltham. Hillside, Buntingford, Herts.†	Westminster Diocesan Education Fund - Sec.:—T. W. Hunter, Archbishop's House, Westminster, London, S.W.1.	S. Thornely, 51, East Street, Horsham. E. S. W. Hart, Guildhall, Westminster, S.W.1. Sir Chas. E. Longmore, K.C.B., Hertford.	Not more than 12 at the Home of the Holy Rood. Not more than 7 at St. Bridget's House.
Herts - - -	Kingsmead Schools, Ware Road, Hertford.*	Managers appointed by the Herts County Council.	Do. do.	45 males suitable to be housed and instructed with children, for whom the school is primarily intended. <i>Certified by the Home Office for 40 boys.</i> 22 defectives. All classes. 10 adult females and 12 of an age and degree of mental defect such as would permit of their being housed and instructed with children, for whom the School is primarily intended. <i>Certified by Board of Education for 70 boys and 56 girls.</i> School—3 males and 3 females. <i>Certified by Board of Education for 14 boys and 42 girls, and by the Home Office for 56 cases.</i> Colony—84 adult females. Idiots, imbeciles, and feeble-minded cases of the Roman Catholic religion. 70 males, 68 females.
Kent - - -	St. Elizabeth's Home for Epileptics, Much Hadham.*†	The Very Rev. Canon Sutcliffe, Paul Strickland, Esq., F. W. Sherwood, Esq., Sir Charles Cuffe, K.C.B. Sec.:—T. W. Hunter, Archbishop's House, Westminster, S.W.1.	Do. do.	19 high-grade feeble-minded girls; age on admission over 14 years. Roman Catholics not received.
Lancashire - -	Princess Christian's Farm Colony, Hildenboro', Kent. Adcote (Laundry and Training Home), Pilch Lane, Knotty Ash, Liverpool.	National Association for the Feeble-minded, 72, Denison House, 296, Vauxhall Bridge Road, Westminster, S.W.1. The Liverpool Ladies' Association for the Care and Training of Girls. Hon. Sec.:—Mrs. H. Pilkington, Wheat-hill, Huyton, near Liverpool.	C. E. Warner, Tonbridge. G. W. Swift, 5, Clay-ton Square, Liverpool.	

(Liverpool C.B.)	Allerton Priory R.C. Special (M.D.) School, Woolton, Liverpool.*†	Board of Management - - - Hon. Sec.:—Rt. Rev. Mgr. Canon Pinnington, The Presbytery, Great Mersey Street, Liverpool.	C. T. Barton, Clerk to Justices, Liverpool.	5 males and 10 females. Feeble-minded cases under the age of 16 years, and such as can be conveniently and properly trained with the other children in the Institution; with the previous consent of the Board, cases over the age of 16 may be received. <i>Certified by Board of Education and by Home Office for 24 boys and 82 girls.</i>
	Calderstones, Whalley, near Blackburn, with ancillary premises: Brochkall, Langho, near Blackburn.	Lancashire Asylums Board - - - Clerk:—G. H. Etherton, County Offices, Preston.	L. Cotman, 8, Lune Street, Preston.	2,408 mental defectives. 1,050 males and 1,050 females at Calderstones and 308 cases at Brockhall. All classes, including epileptics, within the meaning of the Act.
	Dovecot (Horticultural School), Knotty Ash, Liverpool.*†	The Liverpool Ladies' Association for the Care and Training of Girls. Hon. Sec.:—Rev. C. W. Macready.	G. W. Swift, 5, Clayton Square, Liverpool.	30 feeble-minded females; 26 over the age of 16 and 4 of an age and of a degree of mental defect such as would permit of their being housed and instructed with the children for whom the school is primarily intended. <i>Certified by Board of Education for 38 girls and by Home Office for 64 girls.</i>
	Gillibrand Hall, Chorley	Committee of Management - - -	L. Cotman, 8, Lune Street, Preston.	40 female feeble-minded cases. Principally adults with a limited number of children under 16.
Do. - -	The Home, 4, Everton Terrace, Liverpool.	Do. do. - - -	C. T. Barton, Clerk to Justices, Liverpool.	15 female defectives. Feeble-minded and moral imbeciles over the age of 16 years.

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CERTIFIED INSTITUTIONS—continued.

COUNTY or COUNTY BOROUGH within which the Institution is situated. C.B. = County Borough.	Name and Address of Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Patients.
(Liverpool C.B.)	Pontville R.C. Special School, Aughton, Ormskirk.*†	Board of Management - - - Hon. Sec.:—Rt. Rev. Mgr. Canon Pinnington, The Presbytery, Great Mersey Street, Liverpool.	G. W. Swift, 5, Clayton Square, Liverpool.	10 male patients: Roman Catholic feeble-minded children between the ages of 5 and 16 years. <i>Certified by Board of Education for 121 boys and by Home Office for 98 boys and 15 girls.</i>
Leicester - - - (Leicester C.B.)	Royal Albert Institution, Lancaster.	Central Committee of Management - -	J. T. Sanderson, 67, Church Street, Lancaster.	800 males and females.
	Leicester Frith, Groby Road, Leicester, <i>with ancillary premises - Cross Corners, 2, Thurcaston Rd., Leicester.</i>	The County Borough Council of Leicester, Clerk of the M.D. Committee, Alliance Chambers, Horsefair Street, Leicester.	T. H. Wright, London Road, Leicester.	60 of each sex; imbecile, feeble-minded, and moral imbeciles.
London - - -	39, Downs Road, Clapton, E.5, <i>with ancillary premises: 41, Downs Road, Clapton, E.5, and 46-48, Pembury Road, Clapton, E.5.</i>	The Committee of The Girls' Training Homes, Clapton. Hon. Sec.:—Miss C. Tozer, 39, Downs Road, Clapton, London, E.5.	Do. do.	30 females; imbeciles, feeble-minded, and moral imbeciles.
	The Helping Hand Home, 16, Cathcart Hill, Highgate, N.19.	Committee of the Association for Helping Mentally Deficient Children. Hon. Sec.:—Mrs. Geoffrey Russell, 20, Gower Street, W.C.1.	Jno. Dix, Sessions House, Newington, S.E.1.	25 feeble-minded females, aged 8 years and upwards, all of childish attainments and habits; must be Protestants.
		Do. do.	Do. do.	25 feeble-minded females, aged 16 years and upwards; must be Protestants.
		Do. do.	Do. do.	30 feeble-minded females, aged 15 years and upwards; must be Protestants.
			Do do.	30 female feeble-minded cases, preferably from the age of 16 years.

Middlesex	London Lock Hospital, 28½ Harrow Road, W. 9. South Side Home, Streatham Common, S.W. 16.	Committee of Management - - -	Do.	do.	5 female feeble-minded and moral imbeciles.
		The L.C.C. Mental Hospitals Committee - Clerk :—H. F. Keene, O.B.E., Mental Hospitals Dept., The County Hall, West- minster Bridge, S.E.1.	Do.	do.	80 females. Imbeciles, feeble-minded and moral imbeciles. Higher-grade cases, chiefly above 16 years of age, but including some younger children and physically defective cases, to be accommodated on the ground floor. Reserved for London cases only.
	Bramley House, Gordon Hill, Enfield.	Middlesex Mental Deficiency Committee - Clerk :—H. Scott Freeman, Staines.	E. S.W. Hart, Guild- hall, Westminster, S.W.1.		50 female feeble-minded cases, aged 16 years and upwards.
	Crathorne, Oak Lane, East Finchley, N.2.	The Church Army - - - Sec. :—Miss Violet Hall, 57, Bryanston Street, London, W.1.	Do.	do.	32 mothers and their children who are feeble-minded or moral imbeciles. The number of mothers never to ex- ceed 20, and no child to be retained beyond the age of 7 years. Poor Law cases received.
	Pield Heath House School, Hillingdon, Uxbridge.*†	Board of Management - - -	Do.	do.	44 females. Feeble-minded and moral imbeciles of the Roman Catholic religion. <i>Certified by Board of Education for 62 girls, and by Home Office for 77 girls.</i>
	St. Bridget's House, Spelthorne St. Mary, Bedfont, Feltham.	<i>See under County of Hampshire—St. Mary's Home, Alton.</i>			
Somerset	The Friars, Fryern Lawn, Bridgwater.	Miss A. E. Best - - -	C. E. Newman, Wes- ton-super-Mare.		17 female defectives. Feeble-minded and moral imbeciles.
Somerset (Bath C.B.)	The House of Help for Women and Girls, 112, Walcot Street, Bath.	Board of Management - - - Sec. :—Miss L. Glynn Baker, 112, Walcot Street, Bath.	E. N. Fuller, LL.B., Bath.		66 female feeble-minded defectives.

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CERTIFIED INSTITUTIONS—continued.

COUNTY or COUNTY BOROUGH within which the Institution is situate. O.E.=County Borough.	Name and Address of Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Patients.
Somerset - (Bath C.B.)	Rock Hall House (Magdalen Hospital School), Combe Down, Bath Stoke Park, Bristol, with ancillary premises. Yatton Hall, Yatton, near Bristol.	Municipal Charity Trustees of the City of Bath. County Council of Somerset - - - Sec.:—C. E. Newnan, 14, Boulevard, Weston-super-Mare.	E. N. Fuller, LL.B., Bath. <i>See under</i> County of Gloucester. C. F. Whittuck, Batheaston, Bath.	38 children of both sexes. 76 mental defectives—low-grade children—of both sexes (of whom not more than 24 may be boys) and high-grade girls, provided each child is in all respects suitable to be living in a house where the sexes are associated. 50 defectives of all classes within the meaning of the Act : males up to the age of 14 years and females of all ages. 20 females. High-grade feeble-minded cases—age on admission 8 to 18 years.
Stafford -	The Cloughs, Keele Road, Newcastle-under-Lyme.	Stoke-on-Trent County Borough Council -	H. Poole, Newcastle-under-Lyme.	20 feeble-minded females from 16 to 20 years of age, and of the Roman Catholic religion. Poor Law cases received.
Suffolk -	Handford Home, Ranelagh Road, Ipswich. St. Joseph's Home, The Croft, Sudbury.	Committee of Management - - - Board of Management - - -	A. J. Day, 241, Norwich Road. Ipswich. T. M. Braithwaite, Sudbury.	
Surrey -	The Manor Institution, Epsom, Surrey. The Royal Earlswood Institution for Mental Defectives, Redhill. The Hermitage, Fairwarp, Uckfield.	L.C.C. Mental Hospitals Committee - - Clerk:—H. F. Keene, O.B.E., Mental Hospitals Dept., The County Hall, Westminster Bridge, S.E.1. Board of Management - - -	T. W. Weeding County Hall. Kingston - on - Thames. Do. do.	589 male and 414 female mental defectives. All classes within the meaning of the Act. Reserved for London cases only. About 600 patients of both sexes.
Sussex, East -		The Committee : E. Sussex County Council	H. J. T. McIlveen, County Hall, Lewes.	11 females, feeble-minded and imbeciles.

Sussex, West	-	The Home of the Holy Rood, Worthing.	<i>See under</i> County of Hampshire—St. Mary's Home, Alton.	
Warwick	-	Midland Counties Institution, Knowle, near Birmingham.	S. R. Field, Leamington.	150 male patients.
(Birmingham C.B.)	-	The Agatha Stacey Home, Rednal, near Birmingham.	C. E. Barker, Birmingham.	40 high-grade female feeble-minded patients over 15 years of age.
Worcester	-	The Agatha Stacey Home, Enniskerry, Knowle, Warwick.	S. R. Field, Leamington.	24 high-grade female feeble-minded patients over 15 years of age.
	-	Besford Court Home, near Defford.*†	J. L. Wood, Guildhall, Worcester.	37 male defectives; 12 cases of an age and of a degree of mental defect such as would permit of their being housed and instructed with the children for which the school is primarily intended; and 25 additional defectives over 16 years.
Yorks, W.R.	-	Rawcliffe Hall, near Goole.		<i>Certified by Board of Education and by the Home Office for 119 boys.</i>
(Leeds C.B.)	-	Farfield Girls' Training Home, Theaker Lane, Armley.	W. H. Coles, Burton Street, Wakefield.	130 female defectives. All classes within the meaning of the Act—10 years of age and upwards.
Do.	-	Meanwood Park Colony, Meanwood, Leeds.	F. Richards, Town Hall, Leeds.	47 female defectives. Imbeciles and feeble-minded (high-grade mentally defective young women who are trainable).
	-		Do. do.	45 male and 60 female defectives. Idiots, imbeciles and feeble-minded 35 male cases to be not more than 14 years of age and 10 to be cases over 15 years of age and of the employable class.

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CERTIFIED INSTITUTIONS—continued.

COUNTY or COUNTY BOROUGH within which the Institution is situate. C.B. = County Borough.	Name and Address of Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Patients.
Yorks, W.R. - (Leeds C.B.)	Mid-Yorks Certified Institution, Whixley, Yorks.	Mid - Yorkshire Joint Board for the Mentally Defective. Clerk :—Sir Robert Fox, Town Clerk's Office, 11, Park Square, Leeds.	W. H. Coles, Burton Street, Wakefield.	140 male defectives. All classes within the meaning of the Act.
(Bradford C.B.)	Ashfield, 269, Thornton Road, Thornton, near Bradford. Westwood, Clayton Heights, Clayton, near Bradford. Wales Court, Wales, Kiveton, Sheffield. Tilworth Grange, Sutton, Hull.	The County Borough Council of Bradford - Clerk :—F. Stevens, Town Hall, Bradford. Do. Sheffield Mental Deficiency Committee - Kingston-on-Hull County Borough Council	T. Gill, Bradford W. H. Coles, Burton Street, Wakefield. Do. do. J. Bickersteth, County Hall, Beverley.	48 male defectives. All classes within the meaning of the Act. 47 females. All classes within the meaning of the Act. 45 males. All classes within the meaning of the Act. 50 female defectives. All classes within the meaning of the Act.
Yorks, E R. -				

INSTITUTIONS APPROVED UNDER SECTION 37.

COUNTY or COUNTY BOROUGH within which the Institution is situate. C.B.=County Borough.	Address of the Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Patients.
Anglesey - -	Valley, Anglesey - -	The Guardians: Holyhead Union - -	Walter Jones, Clerk of the Peace, Llangefni.	10 adult female defectives.
Bedford - -	Kimbolton Road, Bedford.	Do. Bedford Union - -	Mark Whyley, Clerk of the Peace, Bedford.	12 adult female defectives.
	Dunstable Road, Luton -	Do. Luton Union - -	W. W. Marks, Shire Hall, Bedford.	6 male and 6 female adult defectives; feeble-minded and moral imbeciles.
	Leighton Buzzard - -	Do. Leighton Buzzard Union	Do. Do.	6 female adult feeble-minded and moral imbeciles.
Berks - -	Abingdon, Berks - -	Do. Abingdon Union - -	C. A. Pryce, Abingdon	6 male and 6 female defectives.
	Bradfield, near Reading	Do. Bradfield Union - -	J. T. Morland, Shire Hall, Reading.	8 female adult defectives. Feeble-minded cases.
Brecknock - -	Brecon, South Wales -	Do. Brecknock Union - -	H. F. W. Harries, County Hall, Brecon.	6 adult female defectives.
Bucks - -	100, Bierton Hill, Aylesbury.	Do. Aylesbury Union - -	W. J. Taylor, Aylesbury.	6 male and 6 female adult defectives.
	19, Stratford Road, Buckingham.	Do. Buckingham Union -	W. N. Midgley, High Street, Winslow.	10 male and 10 female adult defectives.
	Winslow - -	Do. Winslow Union - -	Do. do.	7 males and 33 females. Imbeciles and feeble-minded.
Cambridge - -	81A, Mill Road, Cambridge.	Do. Cambridge Union - -	G. S. Todd, Guildhall Chambers, Cambridge.	4 male and 10 female adult defectives. Suitable for treatment in a common ward.
	The Red House, Linton -	Do. Linton Union - -	A. Tabrum, Clerk of the Peace, Cambridge.	4 male and 4 female adult feeble-minded and moral imbeciles.
Isle of Ely - -	Chesterton - -	Do. Chesterton Union - -	C. E. F. Copeman, County Hall, March.	2 male and 4 female adult defectives.
Carnarvon - -	Lynn Road, Wisbech -	Do. Wisbech Union - -	Do. do.	5 female adult defectives.
	Bodvan, Carnarvon -	Do. Carnarvon Union - -	A. Bodvan-Roberts, Carnarvon.	15 males and 15 females under the age of 16 years.

INSTITUTIONS APPROVED UNDER SECTION 37—continued.

C ^O UNTY or COUNTY BOROUGH within which the Institution is situated. C.B.=County Borough.	Address of the Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Patients.
Cheshire - - - (Birkenhead C.B.)	Birkenhead Union Sanatorium, Tranmere, Birkenhead.	The Guardians: Birkenhead Union -	Edmund Spencer, Justices' Clerk's Office, Birkenhead.	24 adult defectives.
	Tarvin House, Boughton Heath, Chester.	Do. Tarvin Union -	R. Potts, Northgate Street, Chester.	15 male and 40 female adult defectives.
Cornwall - - -	Bodmin - - -	Do. Bodmin Union -	W. L. Platts, Clerk of the Peace, Truro.	5 male and 20 female adult defectives.
	Falmouth - - -	Do. Falmouth Union -	Do. do.	24 males and 10 female defectives; 14 boys under 16 years of age.
	St. Columb Major -	Do. St. Columb Major Union	Do. do.	19 male and 10 female adult defectives.
Denbigh - - -	Ruthin - - -	Do. Ruthin Union -	W. R. Evans, Ruthin	12 male and 12 female adult defectives.
Derby - - -	Chesterfield - - -	Do. Chesterfield Union -	J. B. Boycott, Chapel-en-le-Frith.	4 adult females.
(Derby C.B.)	Uttoxeter Road, Derby -	Do. Derby Union -	W. R. H. Whiston, Derby.	26 adult female defectives.
	Shire Hill View, Glossop	Do. Glossop Union -	J. B. Boycott, Chapel-en-le-Frith.	9 female adults; imbecile and feeble-minded defectives.
Devon - - -	19, Alexandra Road, Barnstaple.	Do. Barnstaple Union -	W. H. Toller, Barnstaple.	12 male adult defectives.
(Plymouth C.B.)	Crediton - - -	Do. Crediton Union -	F. A. Pearce, Exeter	12 adult females.
(Exeter C.B.)	Ford House, Wolseley Road, Devonport.	Do. Devonport Union -	J. Bone, Plymouth.	50 adults of each sex.
	Heavitree Road, Exeter	Do. Exeter Union -	J. I. Pengelly, The Court House, Exeter.	12 adults of each sex.
	Honiton - - -	Do. Honiton Union -	F. A. Pearce, Exeter	6 female adults.
(Do.) - - -	St. Thomas, Exeter -	Do. St. Thomas' Union -	J. I. Pengelly, The Court House, Exeter.	6 male and 12 female adult defectives.
	1, North Road, South Molton.	Do. South Molton Union -	R. B. John, Plymouth.	15 male and 24 female adult defectives.

Dorset	-	St. Andrew's Road	Do.	Bridport Union	-	J. L. Torr, Dorchester.	6 female adults.
Durham	-	Feetham Infirmary, Yarm Road, Darlington.	Do.	Darlington Union	-	G. H. Watson, Darlington.	4 of each sex. Idiots, imbeciles, and feeble-minded.
(Gateshead C.B.)	-	Gateshead - - -	Do.	Gateshead Union	-	Do. do.	20 adults of each sex.
(Sunderland C.B.)	-	"Highfield," Hylton Road, Sunderland.	Do.	Sunderland Union	-	C. W. P. Barker, Sunderland.	6 adults of each sex.
Essex	-	Saffron Walden - -	Do.	Saffron Walden Union	-	C. S. D. Wade, Clerk of the Peace, Saffron Walden.	6 male and 12 female adults.
		Tendring, Weeley, R.S.O.	Do.	Tendring Union	-	H. F. Bawtree, Witham.	23 male and 23 female adults.
(West Ham C.B.)	-	The Forest Gate Sick Home,* Forest Lane, West Ham.	Do.	West Ham Union	-	J. H. Jackson, Police Court, West Ham, E.15.	10 male and 30 female adult defectives and 10 male and 15 female defectives under the age of 16 years <i>Certified by Board of Education for 15 cases.</i>
Flint	-	St. Asaph - - -	Do.	St. Asaph Union	-	H. A. Tilby, County Offices, Mold.	6 adult defectives of each sex.
Glamorgan	-	Cowbridge Road, Ely, near Cardiff.	Do.	Cardiff Union	-	W. E. R. Allen, Glamorgan County Hall, Cardiff.	30 adult defectives of each sex.
Gloucester	-	Stapleton, Bristol - -	Do.	Bristol Union	-	A. J. Esbester, Petty Sessional Court House, Bristol.	40 male and 60 female adult defectives.
(Do.)	-	South Mead Infirmary, Bristol.	Do.	do.	-	Samuel Young, Petty Sessional Court House, Bristol.	50 of each sex. 4 females over 16 years to assist in the work of the Institution.
	-	Cirencester - - -	Do.	Cirencester Union	-	R. W. Ellett, Cirencester.	26 male and 26 female defectives.
	-	Northleach - - -	Do.	Northleach Union	-	C. A. H. Montague, 65, Stoke's Croft, Bristol.	10 adults of each sex.
	-	Stow on-the-Wold - -	Do.	Stow-on-the-Wold Union	-	E. T. Gardom, O.B.E., Shire Hall, Gloucester.	5 male and 10 female adult defectives.

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INSTITUTIONS APPROVED UNDER SECTION 37—continued.

COUNTY or COUNTY BOROUGH within which the Institution is situate. C.B.=County Borough.	Address of the Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Patients.
Gloucester—cont.	Thornbury . . . -	The Guardians : Thornbury Union -	E. T. Gardom, O.B.E., Shire Hall, Gloucester.	3 adults of each sex.
	Gloucester Road, Winchcomb.	Do.	J. H. Stevens, Winchcomb.	14 feeble-minded adults of each sex.
Hereford -	Ross - - - -	Do.	J. R. Symonds, Hereford.	15 adult defectives of each sex.
Herts -	60, Vicarage Road, Watford.	Do.	Sir Chas E. Longmore, K.C.B., Hertford.	15 female adult defectives.
Huntingdon -	Huntingdon - - - -	Do.	J. P. Maule, Huntingdon.	6 adult defectives of each sex. Feeble-minded and moral imbeciles.
Isle of Wight -	Parkhurst, Newport, Isle of Wight.	Do.	H. Barber, The Castle, Winchester.	10 males and 10 females. Idiot, imbecile, or feeble-minded defectives between the ages of 16 and 60 years.
Kent - - - - (Canterbury C.B.)	Canterbury - - - -	Do.	T. A. Bowen, Clerk to Justices, Canterbury.	2 male and 8 female adult defectives.
	Dover - - - -	Do.	T. B. Harby, Clerk to Justices, Dover.	6 female adult defectives.
	Hartley, Cranbrook -	Do.	Charles E. Warner, Tonbridge.	10 male and 20 female adults.
	King's Hill, West Malling	Do.	Do. do.	12 female adult defectives Imbeciles, moral imbeciles, and feeble-minded.
	Eastry, Kent - - -	Do.	Do. do.	20 male and 24 female adult defectives.
	Sundridge, Sevenoaks -	Do.	Do. do.	10 male and 20 female adults.
	Tenterden - - - -	Do.	A. H. Latter, Tenterden.	55 female defectives, 35 under 21 years of age.

Lancashire	The Gill, Ulverston	The Guardians : Ulverston Union	J. T. Sanderson, 67, Church Street, Lancaster.	50 adult females.
	Seafeld House, Seaforth, near Liverpool.	Do. West Derby Union	G. W. Swift, 5, Clayton Square, Liverpool.	80 males and 189 females.
Leicester	Billesdon, nr. Leicester	Do. Billesdon Union	W. J. Freer, 10, New Street, Leicester.	8 male and 14 female adult defectives.
	North Evington, Leicester	Do. Leicester Parish	Do. do.	20 male and 20 female adult defectives.
	Loughborough	Do. Loughborough Union	Do. do.	16 female adult defectives.
Lincoln (Lindsey)	The Home, Caistor	Do. Caistor Union	E. W. Scorer, Lincoln.	6 female adult defectives.
Do.	181, Lea Road, Gainsborough.	Do. Gainsborough Union	Do.	12 male and 12 female adult defectives.
(Kesteven	Dysart Road, Grantham	Do. Grantham Union	R. F. M. White, Grantham.	2 male and 15 female adult defectives.
(Lindsey)	Horncastle	Do. Horncastle Union	E. W. Scorer, Lincoln.	12 male and 6 female adult defectives.
(Lincoln C.B.)	Lincoln	Do. Lincoln Union	Do. do.	10 adult defectives of each sex. Idiots, imbeciles, and feeble-minded.
(Kesteven)	East Road, Sleaford	Do. Sleaford Union	A. D. Piper, Sleaford.	1 male and 5 female adult defectives.
(Lindsey)	The Gables, Hundleby, Lincs.	Do. Spilsby Union	E. W. Scorer, Lincoln.	18 adult defectives of each sex.
(Kesteven)	Stamford	Do. Stamford Union	A. D. Piper, Sleaford.	6 adult female defectives. Feeble-minded cases.
(Do.)	Bourne	Do. Bourne Union	Do. do.	4 adults of each sex.

INSTITUTIONS APPROVED UNDER SECTION 37—continued.

COUNTY or COUNTY BOROUGH within which the Institution is situate. C.B.=County Borough.	Address of the Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Patients.
London - -	28, Marloes Road, W. 8 -	The Guardians : Parish of St. Mary Abbotts	John Dix, Sessions House, Newington, S.E.1.	60 females. Women and girls of the type constantly "in and out," and those who have illegitimate children dependent on them, provided they are suitable for the accommodation available, without special limit of age. Juvenile trainable cases.
	The Metropolitan Asylums Board Certified Institution.	The Metropolitan Asylums Board, Embankment, London, E.C.4.	<i>Darent</i> : Chas. E. Warner, Tonbridge.	
		<i>Leavesden</i> : Sir Chas. E. Longmore, K.C.B., Hertford.		Unimprovable children and adults.
		<i>Caterham</i> : T. W. Weeding, County Hall, Kingston-on-Thames.		Unimprovable adults.
		<i>Fountain</i> : Jno. Dix, Sessions House, Newington, S.E.1.		Idiot children.
	Plumstead, S.E.18. -	The Guardians : Woolwich Union - -	Do. do.	25 male and 45 female adult defectives.
Merioneth - -	Minffordd. Penrhyn-deudraeth, Merioneth.	Do. Festiniog Union - -	H. J. Owen, Clerk of the Peace, Portmadoc.	13 male and 27 female adult defectives.
Middlesex - -	Enfield House, 19, Chase Side Crescent, Enfield, with ancillary premises Fortescue Villas, Gentleman's Row, Enfield.	Do. Edmonton Union - -	E. S. W. Hart, Guildhall, Westminster, S.W.1.	Enfield House—40 males, feeble-minded boys and adult males.
	Hillingdon, Uxbridge -	Do. Uxbridge Union - -	Do. do.	Fortescue Villas—32 female defectives under the age of 16 years—idiots, imbeciles, and a limited number of feeble-minded cases. 12 male and 12 female adult defectives.

Monmouth -	Cordygric Institution, Griffithstown.	Do.	Pontypool Union -	T. L. Hughes, Clerk of the Peace, New- port (Mon.).	5 male and 25 female adult defectives.
Montgomery -	Forden - - -	Do.	Forden Union -	G. R. D. Harrison, Welshpool.	12 male and 16 female adult defectives.
Norfolk -	Pulham Market, near Harleston.	Do.	Depwade Union -	W. E. Hansell, The Close, Norwich.	12 female adult defectives.
	Exton's Road, King's Lynn.	Do.	King's Lynn Union -	J. W. Woolstencroft, Town Hall, King's Lynn.	6 male and 6 female adult defectives.
	Heckingham - - -	Do.	Loddon and Clavering Union.	W. E. Hansell, The Close, Norwich.	6 male and 12 female adult defectives.
(Norwich C.B.)	Bowthorpe Lodge, Nor- wich.	Do.	Norwich Union -	W. R. Cooper, Town Close, Norwich.	6 adult male and 20 female defectives.
	Great Snoring, Fakenham	Do.	Walsingham Union -	W. E. Hansell, The Close, Norwich.	8 male and 16 female adults.
	The New Infirmary, Attleborough, Norfolk.	Do.	Wayland Union -	Do. do.	12 adult defectives.
(Great Yarmouth C.B.)	Great Yarmouth - - -	Do.	Great Yarmouth -	G. B. D. Preston, Gt. Yarmouth.	6 adults of each sex—feeble-minded and moral imbeciles.
Northampton -	Kettering - - -	Do.	Kettering Union -	H. W. K. Markham, Northampton.	16 male and 16 female adult defectives.
	Northampton - - -	Do.	Northampton Union -	G. R. Bishop, North- ampton.	3 adult defectives of each sex.
	Thorpe Road, Peter- borough.	Do.	Peterborough Union -	W. J. Deacon, Clerk of the Peace, Peter- borough.	12 male and 12 female adult defectives.
	Union Lane, Welling- borough.	Do.	Wellingborough Union -	H. W. K. Markham, Northampton.	10 male and 10 female adult defectives.
Northumberland -	Prudhoe Hall Colony and Burn House, Prudhoe- on-Tyne, Northumber- land.*	The Northern Counties Joint Poor Law Committee, Poor Law Offices, South Shields.		H. D. Irwin, 3, Royal Arcade, Newcastle- on-Tyne.	Prudhoe Hall Buildings: 162 males and 252 females; Burn House: 16 females. <i>Certified by Board of Education for 40 boys and girls.</i>

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INSTITUTIONS APPROVED UNDER SECTION 37—*continued.*

COUNTY or COUNTY BOROUGH within which the Institution is situate. C.B. = County Borough.	Address of the Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Patients.
Northumberland— <i>cont.</i>	<i>With ancillary premises:—</i> Howbeck Schools, Throston, W. Hartlepool. <i>and</i> The Poor Law Institution, Bishop Auckland. Rothbury Poor Law Institution.	- - - - - - - - - - The Guardians: Rothbury Union - - - - -	G. H. Watson, Darlington. Do. do. H. D. Irwin, 3, Royal Arcade, Newcastle-on-Tyne.	100 males and 120 females. 82 adult females. 28 adult female defectives.
Notts - - -	1, Leverton Road, East Retford.	Do. East Retford Union - - -	K. T. Meaby, Shire Hall, Nottingham.	4 male and 8 female adult defectives.
	Mansfield - - -	Do. Mansfield Union - - -	Do. do.	6 male and 12 female adult defectives. Feeble-minded cases.
Oxford - - -	Upton, Southwell - - 26, London Road, Chipping Norton.	Do. Southwell Union - - Do. Chipping Norton Union -	Do. do. J. Rose, County Hall, Oxford.	3 male and 12 female adult defectives. 10 male and 20 female adult defectives, imbeciles and feeble-minded.
Rutland - - -	Oakham - - -	Do. Oakham Union - - -	B. A. Adam, Clerk of the Peace, Oakham.	6 adult female defectives.
Shropshire - - -	Church Stretton - - -	Do. Church Stretton Union -	W. Baxter, County Buildings, Shrewsbury.	20 female adult defectives.
	The Beeches, Iron Bridge, Salop.	Do. Madeley Union - - -	G. Potts, Broseley -	10 male and 15 female adult defectives.
	Whitechurch, Salop - -	Do. Whitechurch Union - - -	Wm. Baxter, County Buildings, Shrewsbury.	10 adult female defectives.

Somerset	Frome Road House Institution, Odd Down, Bath.	Do.	Bath Union	E. N. Fuller, LL.B., Guildhall, Bath.	6 male adult defectives.
Do.	Flax Bourton, near Bristol.	Do.	Long Ashton Union	C. E. Newman, Weston-super-Mare.	32 male and 34 female adult defectives.
	Shepton Mallet	Do.	Shepton Mallet Union	Do.	3 male and 30 female adult defectives.
Southampton	Basingstoke	Do.	Basingstoke Union	H. Barber, The Castle, Winchester.	6 females. Feeble-minded over 16.
	Fordingbridge	Do.	Fordingbridge Union	Do.	12 male and 12 female adult defectives.
(Portsmouth C.B.)	St. Mary's Road, Portsmouth.	Do.	Portsmouth Union	H. W. Fisk, Clerk to Justices, Portsmouth.	25 adults of each sex.
Stafford	145, Belvedere Road, Burton-on-Trent.	Do.	Burton-on-Trent Union	H. W. Goodger, Stapenhill, Burton-on-Trent.	5 male and 15 female adult defectives.
(Burton-on-Trent C.B.)	Trent Valley Road, Lichfield.	Do.	Lichfield Union	A. H. Barnes, Lichfield.	4 male and 8 female adult defectives.
	Great Barr Park, Great Barr, near Birmingham.	The Walsall and West Bromwich Unions Joint Committee.		Eustace Joy, M.A., County Buildings, Stafford.	40 male and 52 female adult defectives; 68 of each sex under the age of 16 years.
	Marston Road, Stafford	The Guardians: Stafford Union		Do.	6 adult female defectives. Feeble-minded cases.
(Stoke-on-Trent C.B.)	London Road, Stoke-on-Trent.	Do.	Stoke-on-Trent Union	R. A. Llewellyn, Church Street, Stoke-on-Trent.	10 male and 10 female adult defectives.
	Wigginton Road, Wigginton, Tamworth.	Do.	Tamworth Union	Eustace Joy, M.A., County Buildings, Stafford.	4 male and 12 female adult defectives.
(Walsall C.B.)	Pleck Road, Walsall	Do.	Walsall Union	S. E. Loxton, Walsall.	12 female adult defectives.
(West Bromwich C.B.)	Hallam House, Hallam Street, West Bromwich.	Do.	West Bromwich Union	W. J. Phair, West Bromwich.	15 male and 20 female adult defectives.
(Wolverhampton C.B.)	Heath Town, Wolverhampton.	Do.	Wolverhampton Union	T. F. Waterhouse, Town Hall, Wolverhampton.	17 male and 14 female adult defectives.

INSTITUTIONS APPROVED UNDER SECTION 37—continued.

COUNTY or COUNTY BOROUGH within which the Institution is situate. (C.B. = County Borough.)	Address of the Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Patients.
Suffolk - - -	Bury St. Edmunds* -	The Guardians: Bury St. Edmunds Union	J. W. Greene, Clerk to Justices, Bury St. Edmunds.	10 male and 10 female adult defectives.
(Ipswich C.B.)	Woodbridge Road, Ipswich.	Do. Ipswich Union	A. J. Day, 9, Tower Street, Ipswich.	15 male and 15 female adult defectives.
Surrey - - -	2, Horsham Road, Dorking.	Do. Dorking Union	T. W. Weeding County Hall, Kingston-on-Thames.	3 male and 12 female adult defectives.
	Bletchingley - - -	Do. Godstone Union	Do. do.	22 male and 6 female adults. Imbeciles and feeble-minded.
Sussex (East) -	West Hylands, Cuckfield	Do. Cuckfield Union	H. J. T. McIlveen, County Hall, Lewes.	10 male and 20 female adult defectives.
	123, Church Street, Eastbourne.	Do. Eastbourne Union	Do. do.	5 females over 16 years of age.
(Hastings C.B.)	Chailey - - -	Do. Lewes Union	Do. do.	10 male and 9 female adult defectives.
	Frederick Road, Hastings	Do. Hastings Union	F. G. Langham, 44a, Robertson Street, Hastings.	12 adult defectives of each sex.
	Rye Hill, Rye	Do. Rye Union	H. J. T. McIlveen, County Hall, Lewes.	6 female adult defectives. Idiots, imbeciles and feeble-minded.
Sussex (West) -	Roffey, near Horsham	Do. Horsham Union	S. Thornely, 51, East Street, Horsham.	5 male and 10 female adult defectives.
	Easebourne, near Midhurst.	Do. Midhurst Union	Do. do.	5 male and 15 female adult defectives.
	Kingston-by-Sea - -	Do. Steyning Union	Do. do.	5 male and 5 female adult defectives.
Warwick - - -	London Road Institution, Coventry.	Do. Coventry Union	S. R. Field, Leamington.	8 male and 10 female adult defectives.
(Coventry C.B.)	Warwick - - -	Do. Warwick Union	J. Tibbits, Warwick	4 male and 8 female adult defectives.

Westmorland	-	Milnthorpe, Westmorland.	Do.	Kendal Union	-	H. B. Greenwood, Clerk of the Peace, Kendal.	23 adult males, 25 adult females, and 24 female children.
Wilts	-	St. James, Devizes	Do.	Devizes Union	-	G. W. Jackson, Devizes.	16 female defectives. Imbeciles between the ages of 20 and 50 years.
	-	1, Wilcot Road, Pewsey	Do.	Pewsey Union	-	W. L. Bown, Trowbridge.	12 adults of each sex; feeble-minded and moral imbeciles.
	-	Semington, Trowbridge	Do.	Trowbridge and Melksham Union.	-	Do.	6 male and 30 female adult defectives.
Worcester (Birmingham C.B.)	-	The Birmingham Certified Institution, King's Heath, Birmingham.* [Monyhull Colony and Erdington House.]	Do.	Birmingham Union	-	C. E. Barker, Birmingham.	Trainable cases between 5 years and 40 years of age. Monyhull Colony--80 males and 80 females. <i>Certified by Board of Education for 200 children.</i> Erdington House--50 adults of each sex.
	-	Birmingham Road, Bromsgrove.	Do.	Bromsgrove Union	-	C. H. Bird, Worcester.	4 male and 4 female adult defectives.
	-	Dudley	Do.	Dudley Union	-	Do.	50 adult defectives of each sex.
	-	Evesham	Do.	Evesham Union	-	Do.	4 male and 4 female defectives.
	-	Kidderminster	Do.	Kidderminster Union	-	Do.	10 female adult defectives.
	-	Wordsley, Stourbridge	Do.	Stourbridge Union	-	E. Joy, M.A., County Buildings, Stafford.	150 male, 130 female adult defectives, and 68 children.
(Worcester C.B.)	-	Tatlow Hill, Worcester	Do.	Worcester Union	-	J. L. Wood, Guildhall, Worcester.	30 male and 20 female adult defectives.
Yorkshire: East Riding.	-	Beverley	Do.	Beverley Union	-	Jno. Bickersteth, County Hall, Beverley.	6 adults of each sex.
	-	Driffield	Do.	Driffield Union	-	Do.	24 male and 18 female adult defectives.

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INSTITUTIONS APPROVED UNDER SECTION 37—*continued.*

COUNTY or COUNTY BOROUGH within which the Institution is situate. C.B.=County Borough.	Address of the Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Patients.
Yorkshire : East Riding— <i>cont.</i> (Kingston-upon-Hull C.B.)	Anlaby Road, Kingston-upon-Hull.	The Guardians : Kingston-upon Hull corporation.	G. L. Shackles, The Law Courts, Hull.	6 male and 6 female adult defectives.
Do. (York C.B.)	Beverley Road, Hull 75, Huntington Road, York.	Do. Sculcoates Union Do. York Union	Do. do. H. Venn Scott, Clifford Street, York.	6 male and 6 female adult defectives. 10 male and 20 female adult defectives. Idiot, imbecile and feeble-minded. 16 female adult defectives.
Yorkshire : North Riding.	Aysgarth	Do. Aysgarth Union	A. Procter, 5, New Street, York.	
	Northallerton	Do. Northallerton Union	Do. do.	6 male and 6 female defectives.
	Scarborough	Do. Scarborough Union	C. W. Goodall, Scarborough.	20 male and 20 female adults.
(Middlesbrough C.B.)	Linthorpe, Middlesbrough	Do. Middlesbrough Union	T. Belk, Municipal Buildings, Middlesbrough.	30 males and 40 females—feeble-minded and moral imbeciles between the ages of 16 and 45 years.
Yorkshire : West Riding (Barnsley C.B.)	Gawber Road, Barnsley	Do. Barnsley Union	W. H. Coles, Burton Street, Wakefield.	10 adults of each sex.
(Bradford C.B.)	The Bowling Park Institution, Bradford. The Daisy Hill Institution, Bradford.	Do. Bradford Union Do. do.	T. Gill, Bradford Do. do.	10 female adult defectives. 10 male adult defectives.
(Sheffield C.B.)	The Edge, Sheffield	Do. Ecclesall Bierlow Union	F. B. Dingle, Sheffield.	10 male and 15 female adult defectives.
(Halifax C.B.)	Gibbet Street, Halifax Deanhouse Institution, Thongsbridge, near Huddersfield.	Do. Halifax Union Do. Huddersfield Union	W. H. Coles, Wakefield. Do. do.	12 male and 12 female adult feeble-minded and moral imbeciles. 10 male and 25 female adult defectives.

(Sheffield C.B.)	Oakworth Road, Keighley	Do.	Keighley Union	-	Do.	do.	40 males—imbeciles and moral imbeciles between the ages of 7 and 16 years.
	Giggleswick - - -	Do.	Settle Union - - -	-	Do.	do.	30 male and 19 female defectives. 15 of each sex from 7 to 25 years of age to be accommodated in the Isolation Hospital, and 15 male and 4 female adults in the Main Building.
	Firvale, Sheffield - - -	Do.	Sheffield Union - - -	-	F. B. Dingle, Sheffield.		25 adult females.
	Tadcaster - - -	Do.	Tadcaster Union - - -	-	W. H. Coles, Wakefield.		30 adult females - feeble-minded and moral imbeciles.

CERTIFIED HOUSES.

COUNTY.	Name and Address of House.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Patients.
Dorset	The Rectory, Hinton Martel, Wimborne.	Rev. A. H. Baverstock	E. A. Ffooks, County Offices, Dorchester.	8 male patients (imbeciles and feeble-minded): harmless cases over the age of 14 years, younger cases to be received only with the consent of the Board.
Herts	Rowley Lodge, Rowley Green, Barnet.	Miss Elsie M. Wall and Miss Rose L. Binney.	Sir Charles E. Longmore, K.C.B., Hertford.	13 defectives of either sex. All classes within the meaning of the Act, being children under 16 years of age, except with the consent of the Board of Control, and provided each child is in all respects suitable to be in a house where the sexes are associated.
Lancashire	Cavendish House, Woodvale, Ainsdale, near Southport.	Miss L. J. Allen	G. W. Swift, 5, Clayton Square, Liverpool.	42 female (imbecile and feeble-minded) patients from 3 years of age, 16 boys under 10 years of age.
London	St. Margaret's, 9, Priory Road, Bedford Park, London, W.4.	Miss Rose H. D. Whiting	Jno. Dix, Sessions House, Newington, S.E.1.	10 female defectives. Imbeciles and feeble-minded.
Middlesex	"Arniston," 44, The Grove, Isleworth.	Miss Janet Mary Isbister and Miss Margaret Dora Isbister.	E. S. W. Hart, Guildhall, Westminster, S.W.1.	20 private patients—10 males, 10 females.
	The Gables, Upper Teddington Road, Hampton Wick, Kingston-on-Thames.	Miss F. M. Deck	Do. do.	18 defectives of either sex: idiots, imbeciles and feeble-minded.
	Normansfield, Kingston Road, Hampton Wick, Kingston-on-Thames.	R. L. Langdon-Down, M.B., and P. L. Langdon-Down, M.B.	Do. do.	140 males and females, not more than 100 of either sex at any one time.

Sussex, East	Avonhurst, Inholmes Park Road, Burgess Hill, Sussex.	Miss Sarah Margaret Macdowall	-	H. J. T. McIlveen, County Hall, Lewes.	22 imbecile and feeble-minded boys and girls.
(Brighton C.B.)	Villa Maria, Kemp Town, Brighton.	Proprietors of St. George's Retreat	-	A. G. Walker, Clerk to Justices, Brighton.	12 female defectives. All classes within the meaning of the Act from 12 years of age and upwards.
	St. Joseph's Home, Bur- gess Hill.	Do.	do.	H. J. T. McIlveen, County Hall, Lewes.	30 females of 12 years of age and upwards.
Yorkshire: West Riding.	The Grange, Altofts, Normanton.	Mrs. E. A. Howard	-	W. H. Coles, Wake- field.	15 imbecile and feeble-minded private patients of the female sex.

APPROVED HOMES.

COUNTY.	Name and Address of Home.	Names of Managers or Owners.	Number and Class of Patients.
Bucks - - -	Lynwood, Woburn Sands, Bucks.	Mrs. A. M. Loveless - - -	6 male defectives.
Cornwall - - -	The Elizabeth Barclay Home of Industry, Bodmin.	The Committee of the Elizabeth Barclay Home of Industry, Bodmin.	26 female defectives.
Derby - - -	Newbold House, Chesterfield	Miss A. Mole and Miss A. E. H. Bruce - - -	22 male defectives.
Essex - - -	Gay Bowers, West Hanningfield, Chelmsford.	Percy and Mrs. Gertrude Chennells - - -	7 male defectives.
Gloucester (Bristol C.B.).	The Royal Fort Home, St. Michael's Hill, Bristol. Southend House School, Hat-herley Brake, Cheltenham.	The Committee of the Bristol Preventive Mission Miss Agnes King-Turner - - -	20 female defectives. Poor Law cases received. 25 cases of either sex—each child in all respects suitable to be in a house where the sexes are associated. 8 male defectives.
Kent - - -	Upper Hollenden Farm, Princess Christian's Farm Colony, Hildenboro', Kent.	National Association for the Feeble-minded, 72, Denison House, 296, Vauxhall Bridge Road, Westminster, S.W. 1.	24 female defectives.
Middlesex - - -	Alexander House, 117, High Street, Uxbridge. Brook House and White House Farm, Southgate, N. 14, also The Cottage, White House Farm.	Do. H. Corner, M.D., and Mrs. Corner - - -	37 defectives, of whom not more than 22 males and not more than 15 females shall be in Brook House, and not more than 9 males shall be in White House Farm. Only private patients received.

	Conifers, Kingston Road, Hampton Wick, Kingston-on-Thames.	R. L. Langdon-Down, M.B., and P. L. Langdon-Down, M.B., Normansfield, Hampton Wick.	3 male (children) and 16 female private patients.
	St. Christopher's School, Amherst Rd., Ealing, W.	Miss Mary Catherine Beaufoy Foster	28 feeble-minded private patients—19 boys and 9 girls.
	Trematon, Broom Road, Hampton Wick, Kingston-on-Thames.	R. L. Langdon-Down, M.B., and P. L. Langdon-Down, M.B., Normansfield, Hampton Wick.	24 male private patients.
Norfolk	The Otleys, Seething, Norwich.	Miss S. A. Huntly	4 male and 26 female defectives—24 females at main building, remainder at the cottage. Each child to be suitable in all respects for a house where the sexes are associated.
Northumberland	The Home of Industry, Bow Villa, Morpeth.	Committee of six Ladies	16 female defectives. Poor Law cases received.
Somerset	Lyncombe Hall, Bath	Miss W. Stanley	10 mental defectives, of whom not more than 4 may be juvenile males suitable in all respects to be in a house where the sexes are associated.
Sussex (East) (Hastings C.B.)	St. Paul's House, Upper Maze Hill, St. Leonards-on Sea.	Mrs. Jennie Meiklejou	28 females and 8 males.
Sussex (West)	Rosemary's Nursery, The Causeway, Horsham.	Miss L. Arnold	4 children up to 15 years of age—suitable to be in a house where the sexes are associated.
Warwick	The Vineyard, Longbridge Lane, Birmingham.	Miss M. F. Bridie	34 children between 5 and 16 years of age. Each case to be suitable to reside in a house where the sexes are associated.
Yorkshire : Riding.	The Mount, Whitby	Mrs. A. E. Priestly	12 defective children of either sex (private patients).

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